

**IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF ALABAMA
NORTHERN DIVISION**

STEPHON LINDSAY, #207044,)
)
)
PLAINTIFF,)
)
v.) CIVIL ACTION NO.: 2:07-CV-399-MHT
) [WC]
RICHARD ALLEN, WARDEN)
CUMMINS, SANDRA GILES,)
SYLVESTER NETTLES, RUTHIE)
PERRY, J. HUDSON, L. HERBERT,)
CORRECTIONAL OFFICER)
SCREECHER, CORRECTIONAL)
OFFICER HAMPTON, CORRECTIONAL)
OFFICER TALLEY, CORRECTIONAL)
OFFICER BENNETT, A. JACKSON,)
CORRECTIONAL OFFICER BASKIN,)
CORRECTIONAL OFFICER MARTIN,)
CORRECTIONAL OFFICER HILL,)
CORRECTIONAL OFFICER CURRY,)
CORRECTIONAL OFFICER BEECHAM,)
CORRECTIONAL OFFICER BAILEY,)
CORRECTIONAL OFFICER HANES,)
PRISON HEALTH SERVICES, INC., DR.)
TAHIR SIDDIQ, NURSE ETHEN, AND)
NURSE JACQUELINE DUBOSE,)
)
DEFENDANTS.)

**SPECIAL REPORT AND ANSWER OF DEFENDANTS DR. TAHIR SIDDIQ,
JACQUELINE DUBOSE AND PRISON HEALTH SERVICES, INC.**

COME NOW, Defendants DR. TAHIR SIDDIQ (“Dr. Siddiq”), JACQUELINE DUBOSE (“Nurse Dubose”) and PRISON HEALTH SERVICES, INC. (“PHS,” collectively with Dr. Siddiq and Nurse Dubose, the “Medical Defendants”), pursuant to this Court’s Order dated June 13, 2007, requiring Medical Defendants to provide their Special Report and Answer,

and submit the following Special Report and Answer addressing the allegations asserted by Plaintiff STEPHON LINDSAY (“Plaintiff”):

I. INITIAL DISCLOSURES

Medical Defendants make the following initial disclosures as required by this Court’s June 13, 2007, Order for Special Report:

- A. The sworn statement of Dr. Tahir Siddiq;¹
- B. The sworn statement of Jacqueline Dubose²; and
- C. The sworn statement of Nettie Burks with a true and correct copy of excerpts

from Plaintiff’s medical records attached thereto.³

II. NARRATIVE STATEMENT OF UNDISPUTED FACTS

A. PROCEDURAL HISTORY

Plaintiff instituted this action against Medical Defendants as well as numerous other officers and officials of the Alabama Department of Corrections (collectively, the “Correctional Defendants”) on or about May 8, 2007. (See Complaint). Plaintiff claims, in substantial part, that Medical and Correctional Defendants allegedly violated his constitutional rights on or around January 8, 2007. (Id. at p. 2). With regard to Medical Defendants, Plaintiff specifically alleges that, following a purported altercation with some of the Correctional Defendants, Medical Defendants acted with deliberate indifference to his serious medical needs by waiting six (6)

¹ A true and correct copy of Dr. Tahir Siddiq’s affidavit (“Siddiq Aff.”) is attached hereto as **Exhibit A** and incorporated herein by reference.

² A true and correct copy of Jacqueline Dubose’s affidavit (“Dubose Aff.”) is attached hereto as **Exhibit B** and incorporated herein by reference.

³ A true and correct copy of Nettie Burks’ affidavit (“Burks Affidavit”) is attached hereto as **Exhibit C** and incorporated herein by reference. For purposes of this Special Report and Answer, Medical Defendants will cite to and refer to portions of Plaintiff’s medical records by Bates-number which begin with the prefix “PHS.”

days before performing an x-ray of his left wrist, delaying 11 days before providing Plaintiff with any alleged treatment for his wrist and/or failing to provide him with pain medication. (Id. at p. 3). In a nine-page affidavit attached to his Complaint, Plaintiff provides the some details of his purported altercation with some of the Correctional Defendants and the events that transpired following this purported altercation. (Id. and Affidavit attached thereto (“Plaintiff Aff.”)).

At approximately 4:00 p.m. on January 8, 2007, an alleged verbal and/or physical altercation occurred between Plaintiff and some of the Correctional Officers after some Correctional Defendants, according to Plaintiff, discovered Plaintiff sitting in an area of Bullock Correctional Facility (“Bullock”) with the fly of his pants unbuttoned while watching a member of the female correctional staff. (Plaintiff Aff. at pp. 1-2). Plaintiff claims he was subsequently injured by some of the Correctional Defendants in a physical altercation. (See Plaintiff Aff.). After the altercation with some of the Correctional Defendants, Plaintiff acknowledges the officers brought him to the Bullock Heath Care Unit for evaluation by the medical staff. (Id. at p. 4). Though Plaintiff alleges that some of the Correctional Defendants continued to assault him during his time in the Bullock Health Care Unit on January 8, 2007, he does not specifically identify any member of the Bullock medical staff who was allegedly present at the time of this alleged second assault. (Id. at p. 5).

Plaintiff acknowledges receiving medical treatment once he arrived in the Bullock Health Care Unit. (Id. at p. 6). Plaintiff admits the medical staff treated the cuts in his legs and “cleaned out the mace from [his] eyes.” (Id. at p. 6). Plaintiff was then moved into a segregation cell. (Id. at p. 6). According to Plaintiff, he allegedly remained in segregation for “six (6) days . . . with no medical attention for [his] bleeding leg, broken wrist, or any of the other numerous bruises and battered places on [his] boy.” (Id. at p. 6). Notably, Plaintiff does not allege that he ever

mentioned any pain or discomfort or requested any medical attention from any member of the medical staff at Bullock until January 15, 2007 (approximately seven (7) days after the alleged altercation). (Complaint at pp. 5-6).

Plaintiff alleges he “constantly informed the officers daily that [he] was in pain . . . [and] begged for pain medication.” (*Id.* at p. 6). Plaintiff also avers that he did not have an x-ray of his wrist until January 15, 2007, did not receive any medication for pain, saw a specialist regarding potential surgery for his wrist on January 17, 2007, underwent wrist surgery on January 19, 2007, did not receive any pain medication until January 21, 2007, attended a post-operation appointment with the specialist on February 9, 2007, had the staples from surgery removed on February 21, 2007 and then experienced an infection at the site of the surgical incision on February 14, 2007. (*Id.* at pp. 7-8).

Though Plaintiff claims he submitted written complaints to the ADOC Commissioner and the warden at Bullock regarding his treatment, he does not allege he ever invoked or engaged in the grievance process available to inmates at Bullock regarding their medical treatment. (*Id.* at p. 8).

B. PROCESSES AND PROCEDURES AT BULLOCK CORRECTIONAL FACILITY

1. SICK CALL PROCESS

Upon arriving at any ADOC facility, inmates are notified of the procedures and processes for obtaining medical care and prescribed medications. (Siddiq Aff. at ¶ 4; Burks Affidavit and PHS000002-PHS000008). The health care units within ADOC facilities generally rely upon the same procedures for obtaining emergency and non-emergency (*i.e.* sick call) medical treatment, conducting chronic care clinics, medication administration,, segregation sick call and the like and permitting an inmates invocation of and participation in a grievance process. (*Id.*). As part of

this medical staff's orientation of inmates, inmates are provided a form entitled "ACCESS TO HEALTHCARE SERVICES." (Id.). Throughout his incarceration within the ADOC system, Plaintiff signed and/or acknowledged reading several the "ACCESS TO HEALTHCARE SERVICES" forms included in his medical records. (Id.).

When an inmate has a non-emergency⁴ medical or health problem and/or complaint at Bullock, an inmate may file a sick call request form in order to bring this problem or complaint to the attention of the medical staff and/or request medical treatment for this problem. (Siddiq Aff. at ¶ 4). The sick call request process is well-known at Bullock and is utilized by inmates on a daily basis. (Id.). In the "ACCESS TO HEALTHCARE SERVICES" form, inmates are provided a complete description of the sick call process. (Siddiq Aff. at ¶ 4; Burks Aff. and PHS000003). The "ACCESS TO HEALTHCARE SERVICES" form begins with the following paragraph:

Treatment for routine health services complaints are processed through nurse sick-call screening seven days a week. You must complete a sick-call screening form for requested healthcare evaluation.

(Burks Aff. and PHS000003). The "ACCESS TO HEALTHCARE SERVICES" form specifically provides, "Nurse's issue and collect sick call requests, screening slips in the segregation\lock-up housing areas." (Burks Aff. and PHS000003). For inmates housed in general

⁴ In the event of a medical emergency, inmates are instructed through the "ACCESS TO HEALTHCARE SERVICES" form as follows:

"Medical emergencies such as those involving intense pain, potential life-threatening situations or when delaying treatment might cause permanent damage or dealt with at any time. ***Advise the nearest correctional officer of an emergency so prompt access to health services is provided.***"

(Burks Aff. and PHS000003 (emphasis supplied)).

population areas, sick call request forms are available at the Health Care Unit and at various locations throughout the facility. (Siddiq Aff. at ¶ 4).

An inmate making a sick call request is required to complete the top portion of the sick call request form (stating his name, the date of request, AIS number, date of birth, dorm location, the nature of the problem or request and his signature). (Id.). The inmate then submits the sick call request form by placing it in one of the many locked boxes located throughout the facility. (Id.). The sick call request forms are removed from the locked box each day at approximately 12:00 p.m., brought to the Health Care Unit and marked as received by the medical records clerk or a nurse at that time. (Id.).

Upon reviewing the sick call request forms, the medical staff compiles a list of inmates that have submitted sick call request forms and provides the list to the Alabama Department of Corrections officer assigned to the Health Care Unit. (Id.). The Health Care Unit officer summons the patients by radio. (Id.). Sick call occurs at 7:30 a.m. (Id.). Inmates who submit sick call request forms are responsible for reporting to the Health Care Unit for evaluation of their complaints. (Id.). The nurse conducting sick call takes inmates' vital signs and either: (1) provides an inmate with medical treatment that can be provided under the nursing protocols, or (2) refers the inmate to the physician or nurse practitioner on staff at Bullock. (Id.). If an inmate submits more than one (1) sick call request form on the same day, the nurse will only fill in the intake information on one (1) sick call request form regarding the inmate's subjective complaints, objective vital signs, assessment and plan. (Id.).

A submitted sick call request form that is not completed by PHS's medical staff indicates that an inmate failed to report when summoned to sick call. (Id.). If the medical complaints or problems identified by an inmate in a sick call request form appear to be urgent or life-

threatening, the medical staff will immediately have the inmate brought to the Health Care Unit for medical treatment, and the inmate will not be required to wait until sick call begins. (Id.).

Plaintiff's medical records demonstrate his familiarity with and reliance upon this process throughout his incarceration. Over the course of the past seven years, Plaintiff has requested medical treatment through "sick-call request" forms regarding dental problems, cold and/or flu symptoms, swelling on his face and neck, and abdominal pain. (Burks Aff. and PHS000049-53, 81-84, 93-97). Between December 7, 1999, and April 2, 2007, Plaintiff submitted approximately 16 requests for medical treatment. (Id.).

2. MEDICATION ADMINISTRATION ("PILL CALL") PROCESS

As set forth in the "ACCESS TO HEALTHCARE SERVICES" form, inmates receive prescribed medication through the process commonly referred to as "pill call." (Siddiq Aff. at ¶ 5). Pill call occurs for the general population at Bullock (*i.e.* inmates who are not housed in segregation) every day at 6 a.m. and 6 p.m. (Id.). At these designated times, inmates line up outside of two pill call windows outside of the health care unit. (Id.). When the inmate arrives at the pill call window, he provides a member of the medical staff who is standing on the other side of the pill call window with his identification badge which is issued by the Alabama Department of Corrections. (Id.). The member of the medical staff then retrieves the inmate's medication which is organized alphabetically and punches the medication out of a medication blister pack into a small plastic cup. (Id.). The medication is provided to the inmate who is required to immediately take the medication. (Id.).

As the pill call process progresses, the medical staff conducting pill call records the disbursement of medication on forms known as "Medication Administration Records" or MARs. (Id.). These MARs are maintained and filed in the individual inmates' medical records. (Id.).

Once the medications are dispensed, the medical staff member records the dispensing of medication by placing his initial or initials in the space provided on the corresponding MAR. (Id.). If an inmate does not report to pill call to retrieve his medication, the medical staff member will either (1) leave the form blank, or (2) place the letter “A” or “a” in the space provided, indicating the inmate was “absent.” (Id.). If the medical staff conducting pill call discovers an inmate’s medication has run out, expired or cannot otherwise be dispensed to the inmate, the medical staff at Bullock is instructed to document the unavailability of the medication and notify their supervisor or the prescribing physician immediately. (Id.).

4. SEGREGATION ROUNDS AT BULLOCK

As indicated in the medical records maintained by the medical staff at Bullock, members of the medical staff conduct evaluation rounds within the segregation unit at Bullock at least three times a day, documenting the occurrence of the visit, any complaints voiced by an inmate, and medications administered during the evaluation rounds. (Burks Aff. and PHS000011-15). The “ACCESS TO HEALTHCARE SERVICES” form also notifies inmates that medication is administered in segregation pursuant to a “lock-up pill call” procedure through which the medical staff administers medications to inmates housed in segregation at three different points in time during the day. (Burks Aff. and PHS000005). The administration of medication to inmates housed in segregation is also recorded in the daily segregation log maintained by the medical staff. (Burks Aff. and PHS000011-15).⁵

⁵ The Court will note that Plaintiff’s medical records submitted herewith do not include any records regarding segregation rounds conducted during Plaintiff’s incarceration in a segregation cell between January 8, 2007, and February 5, 2007. (See Burks Aff. and PHS000015). The medical staff was, in fact, notified of Plaintiff’s assignment to a segregation cell on January 8, 2007 at 4:53 p.m., as noted at the top of the “Segregation Unit Record Sheet.” (Id.). Dr. Siddiq was not aware of any instance, during this period of time, when segregation

Following the January 8, 2007, incident, Plaintiff was assigned to Bullock's segregation unit until March 11, 2007, though he left the segregation cell on numerous occasions to receive medical attention and specialty medical care. (Burks Aff. and PHS000011-15).

Plaintiff's assignment to segregation at Bullock was not first occasion Plaintiff was placed in segregation or the first time he was involved in an alteration in prison. In October of 2000, Plaintiff was examined by the medical staff at St. Clair Correctional Facility after he was stabbed with an ice pick in his right shoulder. (Burks Aff. and PHS000032). During 2001, Plaintiff was assigned to a segregation unit for approximately thirty-six days. (Burks Aff. and PHS000026-27). Plaintiff was incarcerated in segregation housing for almost the entire month of April, 2003, while incarcerated in Ventress Correctional Facility. (Burks Aff. and PHS000022, PHS000025). During 2004, Plaintiff was housed in the segregation unit at Holman Correctional Facility for approximately 25 days.⁶ (Burks Aff. and PHS000018-000020). Plaintiff was also housed in a segregation unit for approximately fifteen days during January and February of 2005. (Burks Aff. and PHS000017).

On each occasion, Plaintiff was assigned to the segregation unit in an ADOC facility, he received regular medical treatment and/or monitoring by the medical staff at these facilities, which documented such monitoring and/or treatment. (Burks Aff. and PHS000011-15, 17-20, 22, 25-27, 32).

4. GRIEVANCE PROCEDURE

PHS has a well-established grievance procedure for any inmate who wishes to voice a complaint regarding any medical treatment he has sought or received during his incarceration at

rounds did not occur at Bullock. (Siddiq Aff. at ¶ 6). In the event such records are located, Medical Defendants will promptly submit the same to the Court for its consideration.

⁶ In conjunction with this April, 2004, placement in segregation, Plaintiff also claimed he was struck by an ADOC officer. (Burks Aff. and PHS000021).

Bullock. (Siddiq Aff. at ¶ 7). The initial orientation process at Bullock also includes educating inmates as to the availability of the grievance process. (Id.). The existence of Bullock's grievance procedure is well-known among the prison population, as indicated by the fact that the Health Services Administrator at Bullock receives inmate requests and/or inmate grievances on a daily basis. (Id.). PHS's physicians, nurse practitioners, nurses and other medical personnel attempt to resolve all inmate concerns prior to an "inmate grievance" being submitted. (Id.). The grievance process is initiated when an inmate submits a Medical Complaint form to the Health Services Administrator through the institutional mail system. (Id.). This request is reviewed by the Health Services Administrator who provides a written response within five (5) days of receipt of the Medical Complaint. (Id.).

The medical staff's written response to a Medical Complaint is included on the bottom portion of same form containing an inmate's Medical Complaint. (Siddiq Aff. at ¶ 7). Below the portion of the form designated for the "Response," the following notation appears:

IF YOU ARE UNSATISFIED WITH THE RESPONSE, YOU
MAY FILE A MEDICAL GRIEVANCE USING THE PRISON
HEALTH SERVICES GRIEVANCE FORM.

(Id.). As stated in the Medical Complaint forms, the second step of the grievance process involves the submission of a formal Grievance (also referred to as an "appeal"). Written responses to formal Grievances are provided within five (5) days of receipt. (Id.).

Medical Complaint and Grievance forms are available from the correctional officers at Bullock. (Id.). Inmates are instructed to place completed Medical Complaint and Grievance forms in the sick call boxes located throughout the facility. (Id.). When received in the Health Care Unit, Medical Complaint and Grievance forms are sent to the Health Services Administrator by the medical records clerk or administrative assistant. (Id.). The Health Services

Administrator reviews the grievances daily, provides a written response within five days at the bottom of the form and returns a copy of the completed forms to the inmate. (*Id.*). The Health Services Administrator at Bullock encourages inmates who have complaints about the medical care they have sought or received at Bullock to utilize this grievance process. (*Id.*).

During the course of Plaintiff's incarceration at Bullock and his subsequent incarceration at Ventress Correctional Facility, he did not submit any grievances in accordance with the established grievance process or otherwise invoke this process. (*Id.*).

C. MEDICAL TREATMENT PROVIDED TO PLAINTIFF AFTER JANUARY 8, 2007, INCIDENT.

Plaintiff arrived at Bullock Correctional Facility on August 10, 2006, almost four months before the alleged January 8, 2007, incident. (Burks Aff. and PHS000088). At approximately 4:10 p.m. on January 8, 2007, Plaintiff appeared in the Bullock Health Care Unit for evaluation by the medical staff. (Siddiq Aff. at ¶ 8; Burks Aff. and PHS000087). At the time Plaintiff arrived at the Health Care Unit, he was handcuffed with his hands behind his back and accompanied by several correctional officers. (*Id.*). Dr. Siddiq did not see any correctional strike or restrain Plaintiff during his time in the Bullock Health Care Unit. (Siddiq Aff. at ¶ 8). No other member of the medical staff reported to Dr. Siddiq that they witnessed any correctional offers strike or even restrain Plaintiff during his visit to the Bullock Health Care Unit on January 8, 2007. (*Id.*). If Dr. Siddiq saw an inmate being mistreated in any way, he would report such conduct to either (1) the warden at Bullock, or (2) his regional supervisor. (*Id.*).

Upon evaluating Plaintiff, the medical staff noted that Plaintiff had a small abrasion to his back left elbow and to his left lower leg. (Siddiq Aff. at ¶ 9; Burks Aff. and PHS000087). Dr. Siddiq examined Plaintiff and noted that his eyes were red due to the use of pepper spray in the altercation. (*Id.*). Dr. Siddiq instructed the medical staff to rinse Plaintiff's eyes with a sterile

solution and clean his abrasions. (Id.). Dr. Siddiq prescribed Plaintiff 800 milligrams of Advil to be taken 3 times a day for 10 days and ordered Plaintiff to receive an x-ray of his lower left arm and lower left leg. (Siddiq Aff. at ¶ 9; Burks Aff. and PHS000054, 87).

The medical staff at Bullock maintains on-site x-ray equipment which is utilized on Mondays, Wednesdays and Fridays of each week. (Siddiq Aff. at ¶ 9). At the time Plaintiff arrived at the Bullock Health Care Unit, the x-ray technician at Bullock had left for the day, which was a Monday. (Id.). Given Plaintiff's agitated state at the time, there were serious questions as to whether Plaintiff would cooperate to permit an x-ray of his left wrist. (Id.). More importantly, Plaintiff did not appear to be any noticeable medical distress, which is not entirely uncommon for a patient with a broken bone. (Id.). Based upon his evaluation of Plaintiff at that time, Dr. Siddiq did not know if Plaintiff's left wrist was broken at the time. (Id.). As of the afternoon of January 8, 2007, Dr. Siddiq did not believe it was medically necessary for Plaintiff to undergo an immediate x-ray and did not believe that Plaintiff's wrist would be adversely affected if an x-ray was conducted when the x-ray technician returned on Wednesday. (Id.).

At the conclusion of the examination of Plaintiff on January 8, 2007, Dr. Siddiq notified Plaintiff that if he should need any additional medical treatment or experience any problems, he should immediately notify the medical staff. (Siddiq Aff. at ¶ 8; Burks Aff. and PHS000087). Plaintiff did not submit any sick call request during this period of time and the medical staff did not receive any request for treatment from Plaintiff between January 8, 2007 and January 10, 2007. (Siddiq Aff. at ¶ 9).

As indicated in Plaintiff's medical records, Plaintiff underwent the ordered x-rays on January 10, 2007. (Siddiq Aff. at ¶ 10; Burks Aff. and PHS000054). The following day Board certified radiologist, Dr. Howard P. Schiele, reviewed the results of the x-ray of Plaintiff's left

forearm. (*Id.*). Upon reviewing the results of the x-ray, Dr. Schiele discovered that, “[t]here is a transverse fracture involving the distal shaft of the left ulna with mild deformity at the fracture sights.” (*Id.*). Dr. Siddiq requested approval to refer Plaintiff to an orthopedic surgeon for evaluation of a possible fractured left wrist, which was promptly approved. (Siddiq Aff. at ¶ 10; Burks Aff. and PHS000063).

Plaintiff saw Dr. Chung, an orthopedic surgeon on January 13, 2007.⁷ (Siddiq Aff. at ¶ 10; Burks Aff. and PHS000068). That same day, the medical staff at Bullock received instructions from Dr. Chung indicating that Plaintiff should undergo surgery on his left forearm due to a fractured ulna. (*Id.*). Dr. Siddiq then requested approval for a January 19, 2007 surgery on Plaintiff’s fractured left forearm to be conducted at a local hospital. (Siddiq Aff. at ¶ 10; Burks Aff. and PHS000057). In anticipation of his upcoming surgery, Plaintiff underwent lab testing on January 16, 2007. (Siddiq Aff. at ¶ 10; Burks Aff. and PHS000056).

Plaintiff underwent surgery on his left wrist on January 19, 2007. (Siddiq Aff. at ¶ 11; Burks Aff. and PHS000064). The post-operative notes of the orthopedic surgeon dated January 19, 2007, instructed Plaintiff elevate his left arm, change the dressing on his surgical incision as necessary, provided pain medication as necessary, ordered Plaintiff to use only a bottom bunk and follow-up with a surgeon at his office. (Siddiq Aff. at ¶ 11; Burks Aff. and PHS000064). These instructions were subsequently provided to the medical staff at Bullock. (Siddiq Aff. at ¶ 11; Burks Aff. and PHS000059).

When Plaintiff returned to Bullock following his surgery, he was evaluated by a member of the medical staff and complained of some discomfort. (Burks Aff. and PHS000089). At that

⁷ Plaintiff’s evaluation by an orthopedic surgeon on January 13, 2007, directly disproves the allegation in Plaintiff’s Complaint that he did not receive any medical attention for six (6) days after being placed in segregation at Bullock on January 8, 2007.

time, Plaintiff received medication for his pain and the member of the medical staff noted that the orthopedic surgeon requested a follow-up appointment in two weeks. (*Id.*). On January 20, 2007, Dr. Siddiq entered orders for Plaintiff to elevate his arm, that he should receive Percogesic⁸ three times a day for two days and Cephalexin⁹ three times a day for two days. (Siddiq Aff. at ¶ 11; Burks Aff. and PHS000091). Dr. Siddiq also ordered Plaintiff to use only a bottom bunk for approximately 180 days and to report to the Bullock Health Care Unit as necessary to have the dressing to his left wrist changed. (Siddiq Aff. at ¶ 11; Burks Aff. and PHS000016, 91).

Plaintiff's medical administration records indicate that between January 20, 2007, and January 22, 2007, Plaintiff received Percogesic and the antibiotic Cephalexin. (Siddiq Aff. at ¶ 12; Burks Aff. and PHS000077). Between January 20, 2007 and January 31, 2007, Plaintiff received orders that he could obtain dressing changes to his left wrist as needed. (Siddiq Aff. at ¶ 12; Burks Aff. and PHS000077). On only two occasions, January 22 and 23, 2007, Plaintiff requested that the medical staff change the dressing to his left wrist. (Siddiq Aff. at ¶ 12; Burks Aff. and PHS000077).

On January 23, 2007, Dr. Siddiq requested approval for a follow-up appointment for Plaintiff with the surgeon who conducted the surgery on Plaintiff's left forearm, which was approved that same day. (Siddiq at ¶ 12; Burks Aff. and PHS000058). Dr. Siddiq later ordered a follow-up x-ray of Plaintiff's left arm on January 31, 2007. (Siddiq Aff. at ¶ 12; Burks Aff. and PHS000055). Dr. Maurice H. Rowell, a board certified radiologist, reviewed Plaintiff's January

⁸ Percogesic refers to acetaminophen which is often utilized to alleviate and/or relieve mild to moderate pain caused by various conditions. (Siddiq Aff. at ¶ 11 fn. 1).

⁹ Cephalexin is an antibiotic commonly prescribed to prevent post-operative bacterial infections. (Siddiq Aff. at ¶ 11 fn. 2).

31, 2007 x-ray of his left arm and determined that the bones within Plaintiff's left arm were "in good position and alignment." (Id.).

Between January 8, 2007 and February 27, 2007, Plaintiff did not submit any sick call request forms requesting any type of medical treatment or medication. Plaintiff submitted sick-call request forms on February 27, 2007 and March 2, 2007, requesting treatment for a "slight cold," but Plaintiff felt to appear for sick-call at the appointed time. (Burks Aff. and PHS000085-86). On March 8 and 9, 2007, Plaintiff submitted sick-call request forms complaining about cold-like symptoms. (Siddiq Aff. at ¶ 13; Burks Aff. and PHS000083-84). When seen by Dr. Siddiq on March 9, 2007, Plaintiff did not voice any complaints about his left wrist, but merely requested treatment for his cold-like symptoms, which were provided at that time. (Siddiq Aff. at ¶ 13; PHS000083-84).

Though Plaintiff submitted a sick-call request form dated April 2, 2007, requesting that his teeth be "checked and cleaned," Plaintiff failed to appear for any dental treatment on April 3, 2007. (Burks Aff. and PHS000082). Plaintiff appeared at sick-call on April 2, 2007. (Id.). At sick-call, a member of the medical staff examined Plaintiff and determined he was suffering from "cold symptoms," and instructed Plaintiff to rest and increase his intake and fluids and follow-up with the physician as necessary. (Burks Aff. and PHS000080).

Between April 2, 2007 and April 13, 2007, Dr. Siddiq prescribed Amoxil¹⁰ for Plaintiff to be administered over the course of eleven days. (Siddiq Aff. at ¶ 14; Burks Aff. and PHS000075). As indicated in the medication administration record in Plaintiff's medical records, Plaintiff repeatedly failed to report to pill call to receive this medication. (Id.) Plaintiff's

¹⁰ Amoxil is a semi-synthetic antibiotic used to prevent potential bacterial infections, primarily in open wounds. (Siddiq Aff. at ¶ 14 fn. 3).

medication administration records indicate that he only appeared for pill call and/or received his medication on twelve (12) of the approximately thirty-three (33) occasions on which he was to take such medication. (Id.).

On or about April 5, 2007, Plaintiff was transferred from Bullock to Ventress Correctional Facility (“Ventress”). (Burks Aff. and PHS000009). At the time of this transfer to Ventress, Plaintiff acknowledged his recent medical treatment for a broken wrist, but denied any pain with regard to this condition. (Burks Aff. and PHS000009-10, 78). The “transfer and receiving screening form” completed upon Plaintiff’s arrival at Ventress on April 5, 2007, did not indicate any complaints voiced by Plaintiff with regard to his left arm except for a comment regarding decreased strength in his left arm. (Burks Aff. and PHS000079). During his yearly physical examination at Ventress on April 23, 2007, Plaintiff notified the medical staff that a plate remained in his left wrist, but did not voice any complaints of pain, discomfort or any of the complications with regard to his left wrist. (Burks Aff. and PHS000043).

Nurse Dubose’s interaction with Plaintiff and/or her treatment of Plaintiff related solely to one instance when Nurse Dubose was conducting segregation rounds at Bullock. (Dubose Aff. at ¶ 4). Nurse Dubose cannot recall the specific date when this interaction took place except that it occurred after Plaintiff had undergone surgery to his left wrist. (Id.). During the course of segregation rounds, Nurse Dubose inquired as to whether Plaintiff needed any medical attention. (Id.). She noted at the time that Plaintiff had removed the splint on his left wrist. (Id.). Plaintiff complained that the surgical incision on his left wrist was itching and had been scratching the area around his incision for some period of time. (Id.). Nurse Dubose ensured Plaintiff was transported to the Bullock Health Care Unit where she applied some topical ointment to the surgical incision. (Id.). At the time Nurse Dubose saw Plaintiff, the surgical incision did not

exhibit any signs of infection or other complications. (*Id.*). Plaintiff was subsequently moved back to his segregation cell and Nurse Dubose did not receive any further complaints. (*Id.*). Nurse Dubose did not interact with Plaintiff on any other occasion regarding his left wrist and/or receive any additional complaints or concerns regarding his left wrist. (*Id.*).

Neither Dr. Siddiq nor Nurse Dubose were ever notified by Plaintiff required or had requested any medical treatment which had not been provided. (Siddiq Aff. at ¶ 15; Dubose Aff. at ¶ 5). Plaintiff did not file a sick call request form or grievance indicating that he had not received any requested medical treatment or medication following the January 8, 2007, incident. (*Id.*). Plaintiff did not submit a sick call request form or grievance requesting to be seen by any member of the medical staff regarding his left wrist or any pain associated with his wrist following the January 8, 2007, incident. (*Id.*).

While Plaintiff was under the care of Dr. Siddiq, Dr. Siddiq did not ignore any of his complaints or refuse to provide him with any medical care or attention or any medication. (Siddiq Aff. at ¶ 16). Plaintiff never requested any pain medication from Dr. Siddiq and any additional medical treatment other than the medical treatment provided by Dr. Siddiq during his appointments with Plaintiff. (*Id.*). Indeed, if Plaintiff had informed Dr. Siddiq of any pain or discomfort at any time, Dr. Siddiq would have ensured that Plaintiff received medication and/or treatment for such symptoms. (Siddiq Aff. at ¶ 15).

III. DISCUSSION

Plaintiff's dissatisfaction with the type of medical treatment provided by the Medical Defendants, the order in which treatment was provided and the process for ensuring the surgical repair of his broken wrist does not automatically equate an Eighth Amendment claim brought pursuant to 42 U.S.C. § 1983. The evidence presented by Medical Defendants demonstrates:

- (1) Medical Defendants did not violate Plaintiff's Eighth Amendment right to necessary medical treatment;
- (2) Section 1983 does not permit any finding of liability against PHS on the basis of *respondeat superior*; and
- (3) Plaintiff did not exhaust his administrative remedies as required by the Prison Litigation Reform Act, 42 U.S.C. §1997e(a).

Moreover, Plaintiff does not allege in his Complaint that he did not receive any medical treatment or attention for his broken wrist. Plaintiff's Complaint does not identify any specific instance when he requested medical treatment and any of the Medical Defendants refused to provide him with any necessary medical treatment. In sum, Plaintiff simply claims that he was dissatisfied with the specific treatment prescribed for him and the manner in which such treatment was provided. For these reasons and the reasons stated below, Plaintiff is not entitled to assert a claim for deliberate indifference against Medical Defendants. Even if Plaintiff's Complaint stated a claim against Medical Defendants, such claims are precluded by the exhaustion requirement of the Prison Litigation Reform Act, 42 U.S.C. § 1997e.

A. MEDICAL DEFENDANTS DID NOT VIOLATE PLAINTIFF'S EIGHTH AMENDMENT RIGHT TO NECESSARY MEDICAL TREATMENT.

As "Ground Two" for his Complaint, Plaintiff clearly states that his claims against Medical Defendants are based upon his claim that Medical Defendants acted with "deliberate indifference to [his] serious medical needs," by allegedly failing to provide treatment for his broken wrist, failing to take x-rays "for 6 days and no treatment of injuries for 11 days." (Complaint at p. 3). Plaintiff also alleges he was "[d]enied medication for pain and infection by both officers and nurses, as well as doctor." (Id.). The Eighth Amendment¹¹ does not on its face reference in any way any medical care due to incarcerated persons. See e.g. Marsh v. Butler

¹¹ The Eighth Amendment applies to the states by virtue of the Fourteenth Amendment's Due Process Clause. Robinson v. California, 370 U.S. 660, 666 (1962).

County, Ala., 268 F. 3d 1014, 1038 (11th Cir. 2001)(*en banc*). In Estelle v. Gamble, 429 U.S. 97(1976), the United States Supreme Court first inferred a prisoner's "right" to necessary medical care from the text of the Eighth Amendment. In reaching this conclusion, the Estelle Court held that the prohibition against cruel and unusual punishment in the Eighth Amendment prohibits prison officials from acting with "deliberate indifference" with regard to prisoners' serious medical needs. 429 U.S. at 104. Since Estelle, courts have routinely recognized that the Eighth Amendment¹² to the United States Constitution governs the conditions of confinement for prisoners and the treatment of these prisoners during the term of their incarceration. Farmer v. Brennan, 511 U.S. 825, 832 (1994) (quoting Helling v. McKinney, 509 U.S. 25, 31 (1993)); see also Whitley v. Albers, 475 U.S. 312, 327 (1986); Rhodes v. Chapman, 452 U.S. 337, 345-46 (1981).

An alleged claim of "deliberate indifference" under the Eighth Amendment may be actionable under 42 U.S.C. § 1983.¹³ See Graham v. Connor, 490 U.S. 386, 393- 94 (1989)(recognizing that § 1983 is not a source of "any substantive right," but rather provides a means for "vindicating federal rights elsewhere conferred."). Every claim by a prisoner that he

¹² Though liability arising out of the treatment of pretrial detainees triggers Fourteenth Amendment considerations, "the minimum standard for providing medical care to a pre-trial detainee under the Fourteenth Amendment is the same as the minimum standard required by the Eighth Amendment for a convicted prisoner . . ." See Hamm v. DeKalb County, 774 F.2d 1567, 1573-74 (11th Cir. 1985). To the extent Medical Defendants rely upon any cases addressing the application of the Fourteenth Amendment in the prison context, such cases are equally applicable in this case.

¹³ 42 U.S.C. § 1983 provides, in pertinent part,

Every person who, under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia, subjects, or causes to be subjected, any citizen of the United States or other person within the jurisdiction thereof to the deprivations of any rights, privileges, or immunities secured by the Constitution and laws, shall be liable to the party injured in an action at law, suit in equity, or other proper proceedings for redress . . .

has not received adequate medical treatment does not state a violation of the Eighth Amendment. McElligott v. Foley, 182 F. 3d 1248, 1254 (11th Cir. 1999). Courts have devoted an extraordinary amount of time clearly defining the requirements for asserting and succeeding upon an Eighth Amendment claim under § 1983. Both the Supreme Court and Eleventh Circuit have described the Eighth Amendment standard of deliberate indifference as requiring allegations and evidence of both “objective” and “subjective” components. See e.g. Farmer, 511 U.S. 825 at 834, 837; Chandler v. Crosby, 379 F. 3d 1278, 1289-90 (11th Cir. 2004).

The “objective” component of the Eighth Amendment analysis requires a prisoner to demonstrate the existence of a condition, act or omission which is sufficiently egregious to violate the Eighth Amendment. See Hudson v. McMillian, 503 U.S. 1, 8 (1992). The underlying conduct or condition must be “extreme” and pose “an unreasonable risk of serious damage to his future health,” if left unchecked. Chandler, 379 F. 3d at 1289-90 (quoting Hudson, 503 U.S. at 9) (other citations omitted). At a minimum, a prisoner must allege and establish the existence of “a serious medical need.” Chandler, 379 F. 3d at 1289-90; Farrow v. West, 320 F. 3d 1235, 1243 (11th Cir. 2003). The Eleventh Circuit’s long-standing definition of “serious medical need” is a condition “that has been diagnosed by a physician as mandating treatment or one that is so obvious that even a lay person would easily recognize the necessity for a doctor’s attention.” See e.g. Farrow, 320 F. 3d at 1243 (citing Hill v. DeKalb Reg’l Youth Det. Ctr., 40 F. 3d 1176, 1187 (11th Cir. 1994) (internal quotations omitted)). Additionally, the serious medical need must be such that, if left untreated, “pos[es] a substantial risk of serious harm.” Farmer, 511 U.S. at 834. The burden falls squarely upon Plaintiff to allege and ultimately establish the existence of a serious medical need. See e.g. Hamm v. DeKalb County, 774 F. 2d 1567 (11th Cir. 1985).

If Plaintiff successfully identifies and establishes the existence of a “serious medical need,” he must also establish the “subjective” component of an Eighth Amendment violation. Plaintiff must prove the Medical Defendants acted with “deliberate indifference.” See e.g. Farmer, 511 U.S. at 837. This subjective component requires evidence the Medical Defendants possessed actual knowledge of “an excessive risk to inmate health or safety” and disregarded that risk. Id. at 837. Evidence demonstrating Medical Defendants failed “to alleviate a significant risk that [they] should have perceived but did not, while no cause for commendation, cannot under our cases be condemned as the infliction of punishment” or serve as a basis for a claim of deliberate indifference. Burks v. Sikes, 169 F. 3d 1353, 1363-1364 (11th Cir. 1999)(other citations omitted); see also Cottrell v. Caldwell, 85 F.3d 1480, 1491 (11th Cir.1996) (holding, “[t]here is no liability for ‘an official's failure to alleviate a significant risk that he should have perceived but did not’” (quoting Farmer, 511 U.S. at 838)). Courts summarize this component as requiring evidence of a “subjectively sufficiently culpable state of mind.” Id. at 1491 (other citations and internal quotations omitted).

It is incumbent upon a prisoner asserting a § 1983 claim to establish “conscious or callous indifference” on the part of the prison official. See e.g. Daniels v. Williams, 474 U.S. 327 (1986); Brown v. Hughes, 894 F.2d 1533, 1537-38 (11th Cir. 1990). For example, a prisoner’s § 1983 claim for inadequate medical treatment cannot survive summary judgment unless and until the inmate produces evidence “of the prison official’s subjective awareness” of the alleged medical condition and an “intentional refusal [by the official] to provide . . . care.” Id.; Campbell v. Sikes, 169 F. 3d 1353, 1364 (11th Cir. 1999) (quoting Steele v. Shah, 87 F. 3d 1266, 1269 (11th Cir. 1996)); Hill, 40 F. 3d at 1186). Without evidence of this “specific intent,” a prisoner’s § 1983 claim cannot succeed. Steele, 87 F. 3d at 1269.

Courts have devoted a significant amount of time identifying the specific types of allegations which do *not* give rise to the claim of “deliberate indifference.” In declaring the “deliberate indifference” standard for the first time, the Estelle Court wrote, “a complaint that a physician has been negligent in diagnosing or treating a medical condition does not state a valid claim of medical mistreatment under the Eighth Amendment.” 429 U.S. at 106. The Eleventh Circuit in Chandler held a prisoner’s discomfort does not give rise to an Eighth Amendment violation. 379 F. 3d at 1295 (citations omitted). Applying Estelle, the Eleventh Circuit also noted that a complaint that prison medical staff should have done more to diagnose and/or treat a prisoner is “at most . . . medical malpractice.” Campbell, 169 F. 3d at 1363. Indeed, the Eighth Amendment does not prohibit or provide any remedy for any “accidental inadequacy . . . or even medical malpractice actionable under state law.” Taylor v. Adams, 221 F. 3d 1254, 1258 (11th Cir. 2000) (quotations and citation omitted). For this reason, medical decisions not to or when to provide certain types of medical treatment, such as an x-ray, are not actionable as a matter of law under the Eighth Amendment. Id.

In instances when inmates acknowledge treatment but contest the manner in which treatment is provided, courts have applied an altered analysis of claims involving requests for different or alternative types of medical treatment. When an inmate claims “different treatment should have been provided,” such a claim “is tantamount to a medical judgment call,” not an Eighth Amendment violation. McElligott, 182 F. 3d at 1259. In greater detail, the Eleventh Circuit explained in Hamm:

Although Hamm may have desired different modes of treatment, the care the jail provided did not amount to deliberate indifference. See Bass v. Sullivan, 550 F.2d 229, 231-32 (5th Cir.), cert. denied, 434 U.S. 864, 98 S.Ct. 195, 54 L.Ed.2d 138 (1977); accord, Westlake v. Lucas, 537 F.2d 857, 860 n. 5 (1st Cir. 1981) (“*Where a prisoner has received ... medical attention and the dispute is*

over the adequacy of the treatment, federal courts are generally reluctant to second guess medical judgments and to constitutionalize claims that sound in tort law.").

774 F. 2d at 1575 (emphasis supplied).

The second broad category of cases in which courts have historically mandated limitations upon the liability of prison officials under the Eighth Amendment constitute cases of alleged delayed medical treatment. In cases when a prisoner actually receives medical treatment, courts employ an altered analysis of deliberate indifference. As to claims of delayed medical treatment, the Eleventh Circuit has instructed courts to be hesitant to find an Eighth Amendment violation when officials provide medical care to prison inmates. McElligott, 182 F. 3d at 1259 (11th Cir. 1999) (citing Waldrup v. Evans, 871 F. 2d 1030, 1035 (11th Cir. 1989)). In fact, a prisoner alleging delayed medical treatment must show that the official acted with deliberate indifference, meaning the official knew of the serious medical condition and “intentionally or with reckless disregard, delayed treatment.” Hinson v. Edmond, 192 F. 3d 1342, 1348 (11th Cir. 1999). In Hill, the Eleventh Circuit added:

Cases stating a constitutional claim for immediate or emergency medical attention have concerned medical needs that are obvious even to a lay person because they involve life-threatening conditions or situations where it is apparent that delay would detrimentally exacerbate the medical problem. In contrast, delay or even denial of medical treatment for superficial, nonserious physical conditions does not constitute an Eighth Amendment violation. * * * Consequently, delay in medical treatment must be interpreted in the context of the seriousness of the medical need, deciding whether the delay worsened the condition, and considering the reason for the delay.

40 F. 3d 1176, 1188-89 (11th Cir. 1994) (emphasis added). Whether a claim arises from delayed treatment depends upon “the nature of the medical need and the reason for the delay.” Harris v. Coweta County, 21 F. 3d 388, 393-94 (11th Cir. 1994). Accordingly, in instances where prisoners complain of delays in medical treatment or request different medical treatment,

prisoners must overcome a much greater threshold in order to state and/or succeed upon such a §1983 claim.

In this instance, Plaintiff's claims medical care and/or attention was not provided for his broken wrist within the timeframe deemed acceptable by Plaintiff. (Complaint at pp. 5-8). While Plaintiff's broken wrist was a "serious medical condition," the next step in the analysis, i.e. a showing of deliberate indifference, is problematic, especially considering that Plaintiff's claims are grounded in issues of "delay," not denial. Making matters more difficult, Plaintiff does not differentiate and/or specify the purported acts and/or omissions of each of the Medical Defendants which serve as the basis of his claims.¹⁴

The evidence submitted in conjunction with this Special Report demonstrates the steps taken by Dr. Siddiq in addressing Plaintiff's broken wrist. After first evaluating Plaintiff, Dr. Siddiq ordered pain medication for Plaintiff, directed the medical staff to treat his abrasions and his irritated eyes and ordered an x-ray of Plaintiff's left wrist. (Siddiq Aff. at ¶¶ 8, 9; Burks Aff. and PHS000054, 87). After receiving the x-ray results, Dr. Siddiq immediately requested approval for Plaintiff's consultation with an orthopedic surgeon. (Siddiq Aff. at ¶ 10; Burks Aff. and PHS000054, 63). After consulting an orthopedic surgeon, Dr. Siddiq took the necessary steps to ensure a timely surgical correction of Plaintiff's left wrist fracture. (Siddiq Aff. at ¶ 10; Burks Aff. and PHS000056-57, 68). Upon returning to Bullock after surgery, Dr. Siddiq immediately entered orders following the post-operative instructions provided by Plaintiff's orthopedic surgeon. (Siddiq Aff. at ¶ 11; Burks Aff. and PHS000059, 64, 91). In addition to the pre-surgery treatment, Dr. Siddiq ensured Plaintiff received post-operative follow-up care in the

¹⁴ The first five pages of Plaintiff's nine-page affidavit are devoted almost entirely to all of the purported events which transpired before Plaintiff received medical treatment. (Plaintiff Aff. at pp. 1-5).

form of follow-up appointments with the orthopedic surgeon and a follow-up x-ray to confirm the propriety of Plaintiff's surgery. (Siddiq at ¶ 12; Burks Aff. and PHS000055, 58). The treatment provided by Dr. Siddiq does not ever approach the type of "extreme" conduct necessary to support a § 1983 claim. Plaintiff's medical records demonstrate that Plaintiff received adequate and thorough medical attention for his broken wrist. There is simply no medical evidence suggesting in any way that the passage of time between the various steps of medical treatment of Plaintiff's left wrist exacerbated, worsened or otherwise detrimentally impacted Plaintiff's left wrist. Accordingly, there is simply no basis to conclude or ever allege that Dr. Siddiq intentionally acted in any way to deprive Plaintiff of any necessary medical care.

Plaintiff's Complaint, in fact, demonstrates the absence of any basis for any § 1983 claim against Nurse Dubose. The only allegations asserted in Plaintiff's Complaint relate to an incident on or about February 14, 2007, when Plaintiff claims his surgical incision became infected and Nurse Dubose cleaned his wound. (Complaint at p. 8). Nurse Dubose agrees with most of Plaintiff's contentions in this regard. (Dubose Aff. at ¶ 5). The sole interaction between Plaintiff and Nurse Dubose occurred during the course of Nurse Dubose's segregation rounds. (Id.). Nurse Dubose recalls seeing Plaintiff sitting in his segregation cell after having removed the splint on his left wrist and complaining about itching associated with his surgical incision. (Id.). Nurse Dubose ensured Plaintiff was transported to the Bullock Health Care Unit where she applied some topical ointment to the surgical incision. (Id.). The only area of disagreement between Plaintiff and Nurse Dubose involves whether the incision was infected or not, a determination which Nurse Dubose is clearly more experienced in making. (Id.). After this singular incident, Plaintiff was subsequently moved back to his segregation cell and Nurse Dubose did not receive any further complaints. (Id.). These facts alone (as included in Plaintiff's

Complaint and the affidavit offered by Nurse Dubose) demonstrate the absence of any logical basis for any § 1983 claim against Nurse Dubose.

While Plaintiff references Nurse Dubose and Dr. Siddiq in his Complaint, Plaintiff's Complaint is devoid any specific factual allegation with regard to the purported acts and/or omissions of Prison Health Services, Inc. Plaintiff fails to articulate any basis for his inclusion of PHS as a named party in this action. For this reason alone, Plaintiff's § 1983 claim against PHS fails.

B. SECTION 1983 DOES NOT PERMIT ANY FINDING OF LIABILITY AGAINST PHS ON THE BASIS OF *RESPONDEAT SUPERIOR*.

Given the absence of any specific factual allegations pertaining to PHS, PHS is left to assume Plaintiff's claims against PHS are based upon the conduct of Dr. Siddiq and/or Nurse Dubose. Any reliance by Plaintiff upon a theory of *respondeat superior* in attempting to pursue a claim against PHS is also fatal. It is well-established in the Eleventh Circuit that liability under § 1983 "must be based on something more than a theory of *respondeat superior*." H.C. by Hewett v. Jarrard, 786 F. 2d 1080, 1086 (11th Cir. 1986) (citing Monell v. Department of Social Servs., 436 U.S. 658, 691, 98 S. Ct. 2018, 2036, 56 L. Ed. 2d 611 (1978)); see also Polk County v. Dodson, 454 U.S. 312, 325, 102 S. Ct. 445, 70 L. Ed. 2d 509 (1981) ("Section 1983 will not support a claim based on a respondeat superior theory of liability."); Marsh v. Butler County, 268 F.3d 1014, 1035 (11th Cir. 2001); Washington v. Dugger, 860 F. 2d 1018, 1021 (11th Cir. 1988) ("[the inmate's] complaint against [certain defendants] is not supported by any evidence which would permit a fact finder to find their participation in any deliberate indifference to his medical needs. Of course, these persons cannot be held liable under Section 1983 on the basis of respondeat superior."); Letter v. Beard, 130 Fed. Appx. 523, 525 (3rd Cir. 2005) (unpubl.) (panel featuring Justice Alito) (dismissing Eighth Amendment claims against supervisory defendants

because “liability under Section 1983 cannot be imposed on a supervisor on the basis of *respondeat superior*. Personal involvement must be alleged and is only present where the supervisor knew of the actions and acquiesced in them. [The inmate] simply has not alleged any facts to support a conclusion that the supervisory defendants had personal involvement in the medical treatment [the inmate] received at [the prison].”). The Eleventh Circuit has applied this principle in various contexts, precluding claims against various kinds of supervisors and/or employing entities. See Farrow, 320 F. 3d at 1238 (holding that a supervising physician was not liable under § 1983 for the acts and/or omissions of a physician acting under his supervision); Buckner v. Toro, 116 F. 3d 450, 452-53 (11th Cir. 1997)(recognizing that the principle that *respondeat superior* liability does not exist under § 1983 has been expanded to included private medical contractors employed to perform governmental functions).

Given this black letter law, Plaintiff’s claims against PHS must fail to the extent he relies upon any alleged acts and/or omissions of Dr. Siddiq, Nurse Dubose or any other member of the Bullock medical staff as a basis for his claim against PHS.

C. PLAINTIFF’S COMPLAINT IS BARRED BY THE PRISON LITIGATION REFORM ACT.

42 U.S.C. §1997e(a) of the Prison Litigation Reform Act (“PLRA”) mandates that “[n]o action may be brought with respect to prison conditions¹⁵ under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until

¹⁵ The PLRA does not define “prison conditions.” See 42 U.S.C. § 1997e. Nevertheless, 18 U.S.C. §3626(g)(2) defines a “civil action with respect to prison conditions” as any civil action arising under federal law “with respect to the conditions of confinement or the effects of actions by government officials on the lives of persons confined in prison.” The Eleventh Circuit has relied upon this definition of “prison conditions” in applying the PLRA to cases before it. See Higginbottom v. Carter, 223 F. 3d 1259 (11th Cir. 2000). It is incontrovertible that Plaintiff’s allegations in this case relate solely to the “conditions of [her] confinement” at Bullock and, as such, trigger the application of the PLRA.

such administrative remedies as are available are exhausted.” 42 U.S.C. §1997e(a).¹⁶ Any remedy available under § 1983 before this Court is not available unless and until Plaintiff utilizes the grievance process available within the correctional system. See e.g. Brown v. Sikes, 212 F. 3d 1205, 1207 (11th Cir. 2000); Miller v. Tanner, 196 F. 3d 1190, 1193 (11th Cir. 1999); Alexander v. Hawk, 159 F. 3d 1321, 1325 (11th Cir. 1998); see also Higginbottom v. Carter, 223 F. 3d 1259, 1261 (11th Cir. 2000) (holding that invoking the grievance process is “a precondition to filing an action in federal court.”); A.N.R. v. Caldwell, 111 F. Supp. 2d 1294, 1297-99 (M.D. Ala. 2000) (dismissing prisoner’s complaint for failure to exhaust administrative remedies through the available grievance process). The Supreme Court wrote in Porter v. Nussle, “exhaustion is now required for all ‘action [s] ... brought with respect to prison conditions,’ whether under § 1983 or ‘any other Federal law.’” 534 U.S. 516, 524, (2002).

In Alexander v. Hawk, 159 F. 3d 1321, 1328 (11th Cir. 1998) the Court noted:

In summary we conclude that Section 1997 e(a) requires Alexander to submit his claims for monetary and injunctive relief to the [Federal Bureau of Prisons] available prison grievance program, even if the relief offered by the program does not appear to be “plain, speedy, and effective,” before filing those claims in federal court. The judicially created futility and inadequacy doctrines do not survive the PLRA’s mandatory exhaustion requirement.

¹⁶ The PLRA’s exhaustion requirement applies to all prisoner suits filed after April 26, 1996. See Higginbottom v. Carter, 223 F. 3d 1259 (11th Cir. 2000); Alexander v. Hawk, 159 F. 3d 1321 (11th Cir. 1998). This requirement was specifically intended to :

afford[] corrections officials time and opportunity to address complaints internally before allowing the initiation of a federal case . . . [because i]n some instances, corrective action taken in response to an inmate’s grievance might improve prison administration and satisfy the inmate, thereby obviating the need for litigation . . . [and i]n other instances, the internal review might ‘filter out some frivolous claims.’

Porter v. Nussle, 534 U.S. 516, 524-525 (2002)(citations omitted).

According to the Eleventh Circuit, a prisoner's claims must be dismissed under Rule 12(b)(1) or Rule 12(b)(6) of the Federal Rules of Civil Procedure if he has failed to exhaust his administrative remedies. Chandler, 379 F. 3d at 1286.

There can be no dispute that PHS maintains a well-established, widely publicized grievance process within the correctional facilities in Alabama, including Bullock. (Siddiq Aff. at ¶ 7). Likewise, there can be no dispute that Plaintiff was advised of and acknowledged on numerous occasions the availability of this administrative grievance process. (Burks Aff. and PHS000002-8). More importantly, there can be no dispute that Plaintiff did not avail himself of the grievance process or ever seek redress for his complaints through this grievance process. (Id.). By failing to utilize procedures available to him at Bullock, of which he was aware, Plaintiff failed to exhaust the administrative remedies available to him as required by the PLRA. As such, Plaintiff's Complaint is premature.

VI. CONCLUSION

Based on the foregoing facts and legal arguments, the Complaint filed by Plaintiff is not entitled to maintain any claim against the Medical Defendants based upon the facts alleged in the Complaint.

**IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF ALABAMA
NORTHERN DIVISION**

STEPHON LINDSAY, #207044,)
)
)
PLAINTIFF,)
)
v.) CIVIL ACTION NO.: 2:07-CV-399-MHT
) [WC]
RICHARD ALLEN, WARDEN)
CUMMINS, SANDRA GILES,)
SYLVESTER NETTLES, RUTHIE)
PERRY, J. HUDSON, L. HERBERT,)
CORRECTIONAL OFFICER)
SCREECHER, CORRECTIONAL)
OFFICER HAMPTON, CORRECTIONAL)
OFFICER TALLEY, CORRECTIONAL)
OFFICER BENNETT, A. JACKSON,)
CORRECTIONAL OFFICER BASKIN,)
CORRECTIONAL OFFICER MARTIN,)
CORRECTIONAL OFFICER HILL,)
CORRECTIONAL OFFICER CURRY,)
CORRECTIONAL OFFICER BEECHAM,)
CORRECTIONAL OFFICER BAILEY,)
CORRECTIONAL OFFICER HANES,)
PRISON HEALTH SERVICES, INC., DR.)
TAHIR SIDDIQ, NURSE ETHEN, AND)
NURSE JACQUELINE DUBOSE,)
)
DEFENDANTS.)

**ANSWER OF DEFENDANTS DR. TAHIR SIDDIQ, JACQUELINE
DUBOSE AND PRISON HEALTH SERVICES, INC.**

COME NOW, Defendants DR. TAHIR SIDDIQ (“Dr. Siddiq”), JACQUELINE DUBOSE (“Nurse Dubose”) and PRISON HEALTH SERVICES, INC. (“PHS,” collectively with Dr. Siddiq and Nurse Dubose, the “Medical Defendants”), and for their Answer to the Complaint filed by Plaintiff STEPHON LINDSAY (“Plaintiff”), state as follows:

FACTUAL ALLEGATIONS

1. In response to the statements made by Plaintiff in section I of his Complaint regarding “PREVIOUS LAWSUITS,” Medical Defendants deny the accuracy of these statements and, in support of this denial, refer the Court to the federal court suit instituted by Plaintiff styled as Stephon Lindsay v. Attorney Charles C. Hart, Chief of Corrections Johnny Grant, Chief Williams, The Nurses and Officers Blood, Phillips and Duffy, In the United States District Court for the Northern District of Alabama, Middle Division, CV99-PT-1322-M, which was subsequently dismissed due to Plaintiff’s failure to state a claim upon which relief could be granted under 42 U.S.C. §1983.

2. To the extent Plaintiff identifies in paragraph II of his Complaint two correctional facilities in which he has been incarcerated and/or the correctional facility where he is currently incarcerated, Medical Defendants admit these allegations. Except as expressly admitted herein above, Medical Defendants deny each and every remaining allegation in this section of Plaintiff’s Complaint and demand strict proof thereof.

3. Medical Defendants deny that they violated any of Plaintiff’s constitutional rights and demand strict proof thereof. Except as expressly denied herein above, Medical Defendants state they are without knowledge or information sufficient to form a belief as to the truth of the remaining allegations in paragraph III of Plaintiff’s Complaint; as such, the same are denied and Medical Defendants demand strict proof thereof.

4. Medical Defendants deny that they violated any of Plaintiff’s constitutional rights on the alleged dated identified by Plaintiff in paragraph IV of his Complaint and demand strict proof thereof.

5. Medical Defendants state they are without knowledge or information sufficient to form a belief as to the truth of the allegations listed as “Ground One” in paragraph V of

Plaintiff's Complaint; as such, the same are denied and Medical Defendants demand strict proof thereof.

6. Medical Defendants deny that the allegations listed as "Ground Two" in paragraph V of Plaintiff's Complaint as well as the "Support Facts" alleged therein and demand strict proof thereof.

7. To the extent necessary and/or required by virtue of the Order of this Court and/or the Federal Rules of Civil Procedure, Medical Defendants deny the material allegations asserted in the "Affidavit" attached to Plaintiff's Complaint.

AFFIRMATIVE AND OTHER DEFENSES

First Defense

Plaintiff's Complaint fails to state a claim upon which relief can be granted.

Second Defense

Plaintiff's claims are barred by the doctrine of contributory negligence and/or last clear chance.

Third Defense

Plaintiff's claims are barred by the doctrine of assumption of risk.

Fourth Defense

Plaintiff's claims are barred by the doctrine of laches.

Fifth Defense

Plaintiff's claims are barred by the statute of limitations.

Sixth Defense

Plaintiff's claims are barred by the doctrine of waiver.

Seventh Defense

The Court lacks subject matter jurisdiction over this dispute.

Eighth Defense

This Court is the improper venue in which to assert this action.

Ninth Defense

Plaintiff lacks standing to bring this action.

Tenth Defense

Plaintiff's claims are barred by the doctrine of unclean hands.

Eleventh Defense

Plaintiff's claims are barred by the doctrine of qualified immunity.

Twelfth Defense

Plaintiff's claims are barred by the doctrine of sovereign immunity.

Thirteenth Defense

Plaintiff's claims are barred by the doctrine of estoppel.

Fourteenth Defense

Plaintiff's claims are barred by the doctrine of *res judicata* and/or collateral estoppel.

Fifteenth Defense

Plaintiff's claims are barred, in whole or in part, because of his failure to mitigate damages.

Sixteenth Defense

Medical Defendants aver that the wrongs and damages alleged by Plaintiff were caused solely by the acts and/or omissions of person and/or entities for whom or which Medical Defendants are not responsible.

Seventeenth Defense

Plaintiff's claims are barred because Medical Defendants did not breach any duty Defendant allegedly owed to Plaintiff.

Eighteenth Defense

Plaintiff's claims are barred because there is no causal relationship, legal or proximate, between Medical Defendants' actions or failures to act and the Plaintiff's alleged injuries and damages.

Nineteenth Defense

Plaintiff's claims are barred because of the existence of superseding, intervening causes.

Twentieth Defense

Plaintiff's claims are barred because of the lack of damages suffered due to any of the alleged wrongs asserted against Medical Defendants.

Twenty-First Defense

Plaintiff has failed to exhaust or attempt to exhaust administrative remedies. 42 U.S.C. § 1997e (a) (2005).

Twenty-Second Defense

Plaintiff's claims are barred because the action asserted is "frivolous, malicious, and fails to state a claim upon which relief can be granted." 42 U.S.C. § 1997e(c)(1) (2005).

Twenty-Third Defense

Plaintiff's claims are barred because the injunctive relief sought is not sufficiently narrowly drawn. 18 U.S.C. § 3626(a)(1)(A) (2005).

Twenty-Fourth Defense

Plaintiff's claims are barred because Medical Defendants did not act with deliberate indifference. Estelle v. Gamble, 429 U.S. 97 (1976).

Twenty-Fifth Defense

Plaintiff's claims are barred because he is seeking to question a medical judgment via injunctive relief.

Twenty-Sixth Defense

To the extent Plaintiff seeks to recover any attorneys' fees, Medical Defendants object to any and all such requests for fees that are not asserted in the Complaint or otherwise approved by court order.

Twenty-Seventh Defense

Plaintiff's claims for punitive damages violate PHS's United States and Alabama constitutional protections from, including without limitation, excessive fines, cruel and unusual punishment, denial of due process and denial of equal protection of the law.

Twenty-Eighth Defense

Medical Defendants reserve the right to assert other defenses as discovery proceeds.

s/ William R. Lunsford

One of the Attorneys for Prison Health Services,
Inc., Dr. Tahir Siddiq and Jacqueline Dubose

OF COUNSEL:

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CERTIFICATE OF SERVICE

I hereby certify that on the 23rd day of July, 2007, I electronically filed the foregoing with the Clerk of the Court using the CM/ECF system and mailed via regular U.S. mail to the following:

Stephon Lindsay
AIS 207044
Ventress Correctional Facility
P.O. Box 767
Clayton, Alabama 36016-0767

s/ William R. Lunsford

Of Counsel

EXHIBIT A

IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF ALABAMA
NORTHERN DIVISION

STEPHON LINDSAY, #207044,)
Plaintiff,)
v.) Civil Action No.: 2:07-CV-399-MHT
[WC]
RICHARD ALLEN, WARDEN)
CUMMINS, SANDRA GILES,)
SYLVESTER NETTLES, RUTHIE)
PERRY, J. HUDSON, L. HERBERT,)
CORRECTIONAL OFFICER)
SCREECHER, CORRECTIONAL)
OFFICER HAMPTON, CORRECTIONAL)
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OFFICER BENNETT, A. JACKSON,)
CORRECTIONAL OFFICER BASKIN,)
CORRECTIONAL OFFICER MARTIN,)
CORRECTIONAL OFFICER HILL,)
CORRECTIONAL OFFICER CURRY,)
CORRECTIONAL OFFICER BEECHAM,)
CORRECTIONAL OFFICER BAILEY,)
CORRECTIONAL OFFICER HANES,)
PRISON HEALTH SERVICES, INC., DR.)
TAHIR SIDDIQ, NURSE ETHEN, and)
NURSE JACQUELINE DUBOSE,)
Defendants.)

AFFIDAVIT OF TAHIR SIDDIQ, M.D.

STATE OF ALABAMA)
COUNTY OF BULLOCK)

Before me, the undersigned Notary Public, personally appeared TAHIR SIDDIQ, M.D., who after being duly sworn, states as follows:

1. My name is Dr. Tahir Siddiq. I am over the age of nineteen (19) years and have personal knowledge of the information contained in this affidavit.

2. I have been employed at the Bullock Correctional Facility ("Bullock") since November of 2003. I am currently employed by Prison Health Services, Inc. ("PHS") as the Medical Director at Bullock. I am licensed to practice medicine in the state of Alabama.

3. Stephon Lindsay ("Lindsay") was at one time an inmate incarcerated at Bullock. Lindsay is not incarcerated at Bullock at this time and has not been incarcerated at Bullock since approximately April of 2007.

4. Upon arriving at any facility operated by the Alabama Department of Corrections ("ADOC"), inmates are notified of the procedures and processes for obtaining medical care and prescribed medications. The health care units within ADOC facilities generally rely upon the same procedures for obtaining emergency and non-emergency (*i.e.* sick call) medical treatment, conducting chronic care clinics, medication administration,, segregation sick call and the like and permitting an inmates invocation of and participation in a grievance process. As part of this medical staff's orientation of inmates, inmates are provided a form entitled "ACCESS TO HEALTHCARE SERVICES." Throughout Lindsay's incarceration within the ADOC system, he has signed and/or acknowledged reading several of the "ACCESS TO HEALTHCARE SERVICES" forms included in his medical records.

When an inmate has a non-emergency medical or health problem and/or complaint at Bullock, an inmate may file a sick call request form in order to bring this problem or complaint to the attention of the medical staff and/or request medical treatment for this problem. The sick call request process is well-known at Bullock and is utilized by inmates on a daily basis. In the "ACCESS TO HEALTHCARE SERVICES" form, inmates are provided a complete description of the sick call process. For inmates housed in general population areas, sick call request forms are available at the Health Care Unit and at various locations throughout the facility.

An inmate making a sick call request is required to complete the top portion of the sick call request form (stating his name, the date of request, AIS number, date of birth, dorm location, the nature of the problem or request and his signature). The inmate then submits the sick call request form by placing it in one of the many locked boxes located throughout the facility. The sick call request forms are removed from the locked box each day at approximately 12:00 p.m., brought to the Health Care Unit and marked as received by the medical records clerk or a nurse at that time.

Upon reviewing the sick call request forms, the medical staff compiles a list of inmates that have submitted sick call request forms and provides the list to the Alabama Department of Corrections officer assigned to the Health Care Unit. The Health Care Unit officer summons the patients by radio. Sick call occurs at 7:30 a.m. Inmates who submit sick call request forms are responsible for reporting to the Health Care Unit for evaluation of their complaints. The nurse conducting sick call takes inmates' vital signs and either: (1) provides an inmate with medical treatment that can be provided under the nursing protocols, or (2) refers the inmate to the physician or nurse practitioner on staff at Bullock. If an inmate submits more than one (1) sick call request form on the same day, the nurse will only fill in the intake information on one (1) sick call request form regarding the inmate's subjective complaints, objective vital signs, assessment and plan.

A submitted sick call request form that is not completed by PHS's medical staff indicates that an inmate failed to report when summoned to sick call. If the medical complaints or problems identified by an inmate in a sick call request form appear to be urgent or life-threatening, the medical staff will immediately have the inmate brought to the Health Care Unit for medical treatment, and the inmate will not be required to wait until sick call begins.

5. As set forth in the "ACCESS TO HEALTHCARE SERVICES" form, inmates receive prescribed medication through the process commonly referred to as "pill call." Pill call occurs for the general population at Bullock (i.e. inmates who are not housed in segregation) every day at 6 a.m. and 6 p.m. At these designated times, inmates line up outside of two pill call windows outside of the health care unit. When the inmate arrives at the pill call window, he provides a member of the medical staff who is standing on the other side of the pill call window with his identification badge which is issued by the Alabama Department of Corrections. The member of the medical staff then retrieves the inmate's medication which is organized alphabetically and punches the medication out of a medication blister pack into a small plastic cup. The medication is provided to the inmate who is required to immediately take the medication.

As the pill call process progresses, the medical staff conducting pill call records the disbursement of medication on forms known as "Medication Administration Records" or MARs. These MARs are maintained and filed in the individual inmates' medical records. Once the medications are dispensed, the medical staff member records the dispensing of medication by placing his initial or initials in the space provided on the corresponding MAR. If an inmate does not report to pill call to retrieve his medication, the medical staff member will either (1) leave the form blank, or (2) place the letter "A" or "a" in the space provided, indicating the inmate was "absent." If the medical staff conducting pill call discovers an inmate's medication has run out, expired or cannot otherwise be dispensed to the inmate, the medical staff at Bullock is instructed to document the unavailability of the medication and notify their supervisor or the prescribing physician immediately.

6. As indicated in the medical records maintained by the medical staff at Bullock, members of the medical staff conduct evaluation rounds within the segregation unit at Bullock at least three times a day, documenting the occurrence of the visit, any complaints voiced by an inmate, and medications administered during the segregation rounds. I was not aware of any occasion during January or February of 2007 when segregation rounds did not occur at Bullock.

7. PHS has a well-established grievance procedure for any inmate who wishes to voice a complaint regarding any medical treatment he has sought or received during his incarceration at Bullock. The initial orientation process at Bullock also includes educating inmates as to the availability of the grievance process. The existence of Bullock's grievance procedure is well-known among the prison population, as indicated by the fact that Strickland, the Health Services Administrator at Bullock, receives inmate requests and/or inmate grievances on a daily basis. PHS's physicians, nurse practitioners, nurses and other medical personnel attempt to resolve all inmate concerns prior to an "inmate grievance" being submitted. The grievance process is initiated when an inmate submits a Medical Complaint form to the Health Services Administrator through the institutional mail system. This request is reviewed by the Health Services Administrator who provides a written response within five (5) days of receipt of the Medical Complaint.

The medical staff's written response to a Medical Complaint is included on the bottom portion of same form containing an inmate's Medical Complaint. Below the portion of the form designated for the "Response," the following notation appears:

IF YOU ARE UNSATISFIED WITH THE RESPONSE, YOU
MAY FILE A MEDICAL GRIEVANCE USING THE PRISON
HEALTH SERVICES GRIEVANCE FORM.

As stated in the Medical Complaint forms, the second step of the grievance process involves the submission of a formal Grievance (also referred to as an "appeal"). Written responses to formal Grievances are provided within five (5) days of receipt.

Medical Complaint and Grievance forms are available from the correctional officers at Bullock. Inmates are instructed to place completed Medical Complaint and Grievance forms in the sick call boxes located throughout the facility. When received in the health care unit, Medical Complaint and Grievance forms are sent to the health services administrator by the medical records clerk or administrative assistant. The health services administrator reviews the grievances daily, provides a written response within five days at the bottom of the form and returns a copy of the completed forms to the inmate. The health services administrator at Bullock encourages inmates who have complaints about the medical care they have sought or received at Bullock to utilize this grievance process.

During the course of Lindsay's incarceration at Bullock and his subsequent incarceration at Ventress Correctional Facility, he did not submit any grievances in accordance with the established grievance process or otherwise invoke this process.

8. At approximately 4:10 p.m. on January 8, 2007, Lindsay appeared in the Bullock Health Care Unit for evaluation by the medical staff. At the time Lindsay arrived at the Health Care Unit, he was handcuffed with his hands behind his back and accompanied by several officers. I did not see any correctional strike or restrain Lindsay during his time in the Bullock Health Care Unit. No other member of the medical staff reported to me that they witnessed any correctional offers strike or even restrain Lindsay during his visit to the Bullock Health Care Unit on January 8, 2007. If I saw an inmate being mistreated in any way, I would report such conduct to either (1) the warden at Bullock, or (2) their regional supervisor.

9. Upon evaluating Lindsay, we noted that Lindsay had a small abrasion to his left elbow and to his left lower leg. I examined Lindsay and noted that his eyes were red due to the use of pepper spray in an altercation with correctional officers. I instructed the medical staff to rinse Lindsay's eyes with a sterile solution and clean his abrasions. I prescribed Lindsay 800 milligrams of Advil to be taken 3 times a day for 10 days and ordered him to receive an x-ray of his lower left arm and lower left leg. The medical staff at Bullock maintains on-site x-ray equipment which is utilized on Mondays, Wednesdays and Fridays of each week. At the time Lindsay arrived at the Bullock Health Care Unit, the x-ray technician at Bullock had left for the day, which was a Monday. Given Lindsay's agitated state at the time, there were serious questions as to whether Lindsay would cooperate to permit an x-ray of his left wrist at that time. More importantly, Lindsay did not appear to be in any noticeable distress, which is not entirely uncommon for a patient with a broken bone. Based upon my evaluation of Lindsay at that time, I could not confirm at the time that Lindsay's wrist was broken at the time. As of the afternoon of January 8, 2007, I did not believe it was medically necessary for Lindsay to undergo an immediate x-ray and did not conclude that his wrist would be adversely affected if an x-ray was conducted when the x-ray technician returned on Wednesday. At the conclusion of my examination of Lindsay on January 8, 2007, I notified Lindsay that if he should need any additional medical treatment or experience any problems, he should immediately notify the medical staff. Lindsay did not submit any sick call request during this period of time and the medical staff did not receive any request for treatment from me between January 8, 2007 and January 10, 2007.

10. Lindsay underwent the ordered x-rays on or about January 10, 2007. The following day, board certified radiologist, Dr. Howard P. Schiele, reviewed the results of the x-

ray of Lindsay's left forearm. Upon reviewing the results of the x-ray, Dr. Schiele discovered that, "[t]here is a transverse fracture involving the distal shaft of the left ulna with mild deformity at the fracture sights." I requested approval to refer Lindsay to an orthopedic surgeon for evaluation of a possible fractured left wrist, which was promptly provided. Lindsay saw Dr. Chung, an orthopedic surgeon on January 13, 2007. That same day, the medical staff at Bullock received instructions from Dr. Chung indicating that Lindsay should undergo surgery for a fracture of the ulna bone in his left wrist. I then requested approval for a January 19, 2007, surgery on Lindsay's fractured left forearm to be conducted at a local hospital. In anticipation of his upcoming surgery, Lindsay underwent lab testing on January 16, 2007.

11. Lindsay underwent surgery on his left wrist on January 19, 2007. The post-operative notes of the orthopedic surgeon dated January 19, 2007, instructed Lindsay to elevate his left arm, change the dressing on his surgical incision as necessary, provided pain medication as necessary, ordered Lindsay to use only a bottom bunk and follow-up with a surgeon at his office. These instructions were provided to the medical staff at Bullock. When Lindsay returned from surgery, he was evaluated by a member of the medical staff and complained of some discomfort. At that time, Lindsay received medication for his pain and the member of the medical staff noted that the orthopedic surgeon requested a follow-up appointment in two weeks. On January 20, 2007, I also entered orders for Lindsay, pursuant to the post-operative orders of the orthopedic surgeon, directing Lindsay to elevate his arm, that he should receive Percogesic¹ three times a day for two days and Cephalexin² three times a day for two days. I also ordered

¹ Percogesic refers to acetaminophen which is often utilized to alleviate and/or relieve mild to moderate pain caused by various conditions.

² Cephalexin is an antibiotic commonly prescribed to prevent post-operative bacterial infections.

Lindsay to use only a bottom bunk for approximately 180 days and to report to the Bullock Health Care Unit as necessary to have the dressing to his left wrist changed as necessary.

12. Lindsay's medical administration records indicate that, between January 20, 2007 and January 22, 2007, Lindsay received Percogesic and the antibiotic Cephalexin. Between January 20, 2007 and January 31, 2007, Lindsay received orders that he could obtain dressing changes to his left wrist as needed. On only two occasions, January 22 and 23, 2007, Lindsay requested that the medical staff change the dressing to his left wrist. On January 23, 2007, I requested approval for a follow-up appointment for Lindsay with the surgeon who conducted the surgery on Lindsay's left forearm, which was approved that same day. I later ordered a follow-up x-ray of Lindsay's left arm on January 31, 2007. Dr. Maurice H. Rowell, a board certified radiologist, reviewed Lindsay's January 31, 2007, x-ray of his left arm and determined that the bones within Lindsay's left arm were "in good position and alignment."

13. Between January 8, 2007 and February 27, 2007, Lindsay did not submit any sick call request forms requesting any type of medical treatment or medication. Lindsay submitted sick-call request forms on February 27, 2007 and March 2, 2007, requesting treatment for a "slight cold," but Lindsay failed to appear for sick-call at the appointed time. On March 8 and 9, 2007, Lindsay submitted sick-call request forms complaining about cold-like symptoms. When I saw Lindsay on March 9, 2007, he did not voice any complaints about his left wrist, but merely requested treatment for his cold-like symptoms, which were provided at that time. Though Lindsay submitted a sick-call request form dated April 2, 2007, requesting that his teeth be "checked and cleaned," Lindsay failed to appear for any dental treatment on April 3, 2007. Lindsay appeared at sick-call on April 2, 2007. At sick-call, a member of the medical staff

examined Lindsay and determined he was suffering from "cold symptoms," and instructed Lindsay to rest and increase his intake and fluids and follow-up with the physician as necessary.

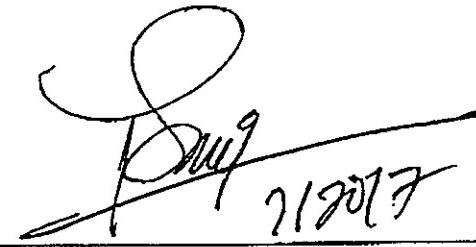
14. Between April 2, 2007 and April 13, 2007, I prescribed Amoxil³ for Lindsay to be administered over the course of eleven days. As indicated in the medication administration record in Lindsay's medical records, Lindsay repeatedly failed to report to pill call to receive this medication. He only appeared for pill call and/or received his medication on 12 of the approximate 33 occasions in which he was to take such medication.

15. I was not notified that Lindsay had requested any medical treatment which was not provided. Lindsay did not file a sick call request form or grievance indicating that he had not received any requested medical treatment or medication following the January 8, 2007, incident. Lindsay did not submit a sick call request form or grievance requesting to be seen by any member of the medical staff regarding his left wrist or any pain associated with his wrist following the January 8, 2007, incident. If Lindsay had informed me of any pain or discomfort at any time, I would have ensured that Lindsay received medication, if appropriate, for such symptoms. Lindsay never requested any pain medication from me or any additional medical treatment other than the medical treatment I provided during his appointments with me.

16. I responded in a timely and appropriate manner to the requests for medical treatment submitted by Lindsay during his incarceration at Bullock. While Lindsay was under my care, I did not ignore any of his complaints or refuse to provide him with any medical care or attention or any medication.

Further affiant saith not.

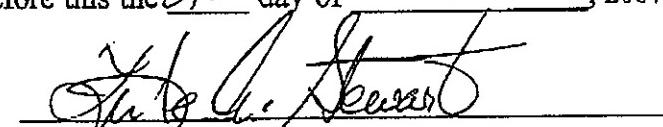
³ Amoxil is a semi-synthetic antibiotic used to prevent potential bacterial infections, primarily in open wounds.



Tahir Siddiq, M.D.

Tahir Siddiq, M.D.

SWORN TO and SUBSCRIBED before this the 20 day of July, 2007.



Notary Public
My Commission Expires: JUNE 2010

(SEAL)

EXHIBIT B

IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF ALABAMA
NORTHERN DIVISION

STEPHON LINDSAY, #207044,)
Plaintiff,)
v.) Civil Action No.: 2:07-CV-399-MHT
[WC]
RICHARD ALLEN, WARDEN)
CUMMINS, SANDRA GILES,)
SYLVESTER NETTLES, RUTHIE)
PERRY, J. HUDSON, L. HERBERT,)
CORRECTIONAL OFFICER)
SCREECHER, CORRECTIONAL)
OFFICER HAMPTON, CORRECTIONAL)
OFFICER TALLEY, CORRECTIONAL)
OFFICER BENNETT, A. JACKSON,)
CORRECTIONAL OFFICER BASKIN,)
CORRECTIONAL OFFICER MARTIN,)
CORRECTIONAL OFFICER HILL,)
CORRECTIONAL OFFICER CURRY,)
CORRECTIONAL OFFICER BEECHAM,)
CORRECTIONAL OFFICER BAILEY,)
CORRECTIONAL OFFICER HANES,)
PRISON HEALTH SERVICES, INC., DR.)
TAHIR SIDDIQ, NURSE ETHEN, and)
NURSE JACQUELINE DUBOSE,)
Defendants.)

AFFIDAVIT OF JACQUELINE DUBOSE

STATE OF ALABAMA)
COUNTY OF BULLOCK)

Before me, the undersigned Notary Public, personally appeared JACQUELINE DUBOSE, who after being duly sworn, states as follows:

1. My name is Jacqueline Dubose. I am over the age of nineteen (19) years and have personal knowledge of the information contained in this affidavit.

2. I have been employed at the Bullock Correctional Facility ("Bullock") since January of 2004. I am currently employed by Prison Health Services, Inc. ("PHS") and am a licensed practical nurse in the state of Alabama.

3. Stephon Lindsay ("Lindsay") was at one time an inmate incarcerated at Bullock. Lindsay is not incarcerated at Bullock at this time and has not been incarcerated at Bullock since approximately April, 2007.

4. My treatment of Lindsay during his incarceration at Bullock was limited to one instance when I conducted segregation rounds. I cannot recall the specific date when this interaction took place except that it occurred after Lindsay's wrist surgery had been conducted. During segregation rounds, I inquired as to whether Lindsay needed any medical attention. I noted at the time that Lindsay had removed the splint on his left wrist. Lindsay complained that the surgical incision on his left wrist was itching and had been scratching the area around the incision for some period of time. I ensured Lindsay was transported to the Bullock Health Care Unit where I applied some topical ointment to the surgical incision. I examined Lindsay's surgical incision and it did not exhibit any signs of infection or other complications. Lindsay was subsequently moved back to his segregation cell and I did not receive any further complaints from him or have any further interaction with him regarding his left wrist and/or receive any additional complaints or concerns regarding his left wrist.

5. I was not notified that Lindsay had requested any additional or different medical treatment which was not provided. Lindsay never requested any pain medication from me or any additional medical treatment other than the medical treatment I provided during his appointments with me. If Lindsay had informed me of any pain or discomfort at any time, I would have ensured that Lindsay was evaluated by the site physician. I responded in a timely and

appropriate manner to the requests for medical treatment submitted by Lindsay during his incarceration at Bullock. I did not ignore any of Lindsay's medical complaints or refuse in any way to provide him with any necessary medical treatment.

Further affiant saith not.

Jacqueline Dubose
Jacqueline Dubose

SWORN TO and SUBSCRIBED before this the 23rd day of July, 2007.

(SEAL)

Justine B. Reason
Notary Public
My Commission Expires: 2/24/2009

EXHIBIT C

AFFIDAVIT

STATE OF ALABAMA

BARBOUR COUNTY

I, Nettie Burks, hereby certify and affirm that I am a
H.S.A., at Ventress Correctional Facility; that I am one of the custodian
of records at this institution; that the attached documents are true, exact, and correct photocopies
of certain documents maintained here in the institutional medical file of Stephon Lindsay, AIS#
207044; and that I am over the age of twenty-one years and am competent to testify to the
aforesaid documents and matters stated therein.

I further certify and affirm that said documents are maintained in the usual and ordinary
course of business at Ventress Correctional Facility; and that said documents (and the entries
therein) were made at, or reasonably near, the time that by, or from information transmitted by, a
person with knowledge or such acts, events and transactions referred to therein are said to have
occurred.

I further certify and affirm that the above-referenced inmate has not filed or submitted to
Prison Health Services, Inc. any grievances of any kind while under the care of Prison Health
Services, Inc.

This, I do hereby certify and affirm to on this the 11th day of July,
2007.

Reba J Currie
NOTARY PUBLIC
My Commission Expires: 9-8-08

VENTRESS CORRECTIONAL FACILITY

VERIFICATION OF ACCESS TO HEALTHCARE

THIS IS TO CERTIFY THAT I HAVE RECEIVED
VERBAL AND WRITTEN ACCESS TO
HEALTHCARE INSTRUCTIONS, TO INCLUDE
ORAL HYGIENE INSTRUCTIONS. I HAVE HAD
THE OPPORTUNITY TO ASK QUESTIONS AND
TO HAVE MY QUESTIONS ANSWERED.

Stephon Lindsey
SIGNATURE

207044
AIS NUMBER

B. Lide RN
WITNESS

4-05-07
DATE

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NOT TO BE PHOTO COPIED

PRISON HEALTH SERVICES (PHS)
ACCESS TO HEALTH CARE SERVICES
HOLMAN HEALTH CARE UNIT

Treatment for routine health services complaints are processed through nurse sick-call screening seven days a week. You must complete a sick-call screening form for requested health care evaluation.

Forms are located for your convenience in areas of easy access to you. Locked boxes are placed in the general housing areas or around the dinning hall for you to return your completed sick-call form for collection. Nurse's issue and collect sick call request screening slips in the segregation/ lock-up housing areas.

Various Doctor's clinics are held in the health unit Monday through Friday. If you are scheduled to be seen in a clinic you will be advised. Facility daily newsletters routinely post notices of who is to report when and where for health care services. If you have requested a health service remember to follow-up.

If you request health services and do not show for evaluation, you must sign a refusal of treatment form. If a health services appointment / clinic or treatment has been set for you and you do not show, you will also have to sign a refusal of treatment form. This is to let us know you have decided you are okay and no longer need to see us.

Nurses are in-house twenty-four hours a day, seven days a week for routine health services and programs. Nurses are also available for emergency care. Doctors are on-call twenty-four hours a day, seven days a week.

In-house medical staff reviews medical services requested over the weekend and on holidays. If your request is noted to be of a nature that will not wait until the next regularly scheduled evaluation (triage) time, you will be called to the health unit for further follow-up during this time period otherwise your request will be held until the next regularly scheduled evaluation process.

Medical emergencies such as those involving intense pain, potential life-threatening situations or when delaying treatment might cause permanent damage are dealt with at any time. Advise the nearest correctional officer of an emergency so prompt access to health services is provided.

Medications ordered for you by health services are to be picked up at the scheduled pill call/s established as the Doctor has ordered for you. If you fail to pick-up your medications as expected you will be called for counseling. If you continue to fail to pick-up your medications you will be required to sign a refusal of treatment form.

Remember that health services are a joint effort between the patient and the health care provider. We expect you to help us help you.

*Fee for service. You should understand that no one would be denied access to health services because they are unable to pay the \$3.00 co-pay fee. You will be seen and services will be provided that are appropriate and deemed necessary. Health services

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CONFIDENTIAL RECORD
2. NOT TO BE PHOTOGRAPHED

staff does not collect co-pay fees for health services nor do money collected go to the medical provider. A nurse visit or doctor visit charge of \$3.00 is the co-pay. If you do not have money in your PMOD account and you are accessed a charge you will have a negative balance in your account until this is cleared. A negative balance will follow you from institution to institution upon transfer. When you seek health services you will be asked to sign the co-pay signature sheet. If it is deemed that you indeed do not owe for services your account will not be charged and if a false charge is made you will be refunded. Again we do not care if you have money to pay or not. We will see you. If you do have money and are eligible to be charged the co-pay fee this will occur. If the health unit initiates the request for you to be seen there is no charge.

Educational inservices are routinely scheduled. Please attend and participate. Notices of inservice topics, dates, and times will be published and posted in advance.

Complaints against health care are attempted to be resolved as soon as possible and as reasonably as possible. You may obtain a complaint form from the same place you obtain sick-call request slips and you may return these where you return your sick-call request slips. If your complaint is not resolved when health service person speaks with you, you may file a grievance. This form will be given to you by the health service person that has attempted to resolve the complaint. A complaint form must be initiated before a grievance form can be completed.

Let your family and loved ones know health services will not disclose your medical care through conversations with them. If we are contacted you should know that we will review your health records but you will have to let them know what you feel they should know about you. Understand we will assure your family and loved ones you have health services available. We will also tell them that they must go through you or the Department of Corrections for release of information and that you must go through the appropriate procedures and access health services and also follow medical service recommendations. Be compliant with the health services ordered for you by your health providers.

If you have had health services outside the prison setting and we do not have these records, you will need to sign release of records forms so we can obtain copies for placement in your institutional health record.

A physical is begun on your arrival into the prison system. You will be notified yearly thereafter when your next physical is scheduled.

Mental health services, dental services, medical services, chronic care clinics, and many other health services are available. We wish you a healthy stay. If you need medical service we want you to understand how these services are obtained.

Certain over the counter medications are available to you through canteen purchase. Medical service is not involved in canteen operations.

We follow doctor's orders when dispensing medication – dose and time. If over the counter medication is given by health services it is through the order of a doctor.

Population pill calls at time institution are scheduled as listed below. If you have medication ordered, report to the pill call your medication is to be dispensed at.

4:30 a.m.
11:00 a.m.
5:30 p.m.
9:00 p.m.

Segregation lock-up pill call times are as listed below. Your medication will be issued to you on medication rounds.

3:30 a.m.
11:00 a.m.
9:00 p.m.

Dental screening- ALL POPULATION AND SEGREGATION INMATES MUST COMPLETE A SICK CALL FORM FOR DENTAL ONLY. THIS FORM WILL BE FORWARDED TO THE DENTAL DEPT. DENTAL WILL SCHEDULE FOLLOW-UP TREATMENT WITH YOU.

In the event you are scheduled to be released from prison by way of parole/ probation or EOS, you will need to report to the hospital for a pre-release interview. We will make sure that your pre-release blood work is scheduled if not already completed. If you are on any medications, you will be advised when and how to pick up your final supply prior to your departure from Holman. We will also instruct you on how soon it will be necessary for you to follow up with any free world medical and/or mental health care. If you have any questions, you can address them at that time.

If you have a question, request an answer.

Hopkins Lindsay 2/5/00 AIS# 207044
Inmate Signature/ Date

Wit. Hopkins W 2/5/00
Witness Signature/ Date

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PRISON HEALTH SERVICES (PHS)
ACCESS TO HEALTH CARE SERVICES
HOLMAN HEALTH CARE UNIT

FOR PROFESSIONAL USE ONLY

CONFIDENTIAL RECORD

NOT TO BE PHOTOCOPIED

Treatment for routine health services complaints are processed through nurse screening seven days a week. You must complete a sick-call screening form for requested health care evaluation.

Forms are located for your convenience in areas of easy access to you. Locked boxes are placed in the general housing areas or around the dinning hall for you to return your completed sick-call form for collection. Nurse's issue and collect sick call request screening slips in the segregation/ lock-up housing areas.

Various Doctor's clinics are held in the health unit Monday through Friday. If you are scheduled to be seen in a clinic you will be advised. Facility daily newsletters routinely post notices of who is to report when and where for health care services. If you have requested a health service remember to follow-up.

If you request health services and do not show for evaluation, you must sign a refusal of treatment form. If a health services appointment / clinic or treatment has been set for you and you do not show, you will also have to sign a refusal of treatment form. This is to let us know you have decided you are okay and no longer need to see us.

Nurses are in-house twenty-four hours a day, seven days a week for routine health services and programs. Nurses are also available for emergency care. Doctors are on-call twenty-four hours a day, seven days a week.

In-house medical staff reviews medical services requested over the weekend and on holidays. If your request is noted to be of a nature that will not wait until the next regularly scheduled evaluation (triage) time, you will be called to the health unit for further follow-up during this time period otherwise your request will be held until the next regularly scheduled evaluation process.

Medical emergencies such as those involving intense pain, potential life-threatening situations or when delaying treatment might cause permanent damage are dealt with at any time. Advise the nearest correctional officer of an emergency so prompt access to health services is provided.

Medications ordered for you by health services are to be picked up at the scheduled pill call/s established as the Doctor has ordered for you. If you fail to pick-up your medications as expected you will be called for counseling. If you continue to fail to pick-up your medications you will be required to sign a refusal of treatment form.

Remember that health services are a joint effort between the patient and the health care provider. We expect you to help us help you.

*Fee for service. You should understand that no one would be denied access to health services because they are unable to pay the \$3.00 co-pay fee. You will be seen and services will be provided that are appropriate and deemed necessary. Health services

staff does not collect co-pay fees for health services nor do money collected go to the medical provider. A nurse visit or doctor visit charge of \$3.00 is the co-pay. If you do not have money in your PMOD account and you are accessed a charge you will have a negative balance in your account until this is cleared. A negative balance will follow you from institution to institution upon transfer. When you seek health services you will be asked to sign the co-pay signature sheet. If it is deemed that you indeed do not owe for services your account will not be charged and if a false charge is made you will be refunded. Again we do not care if you have money to pay or not. We will see you. If you do have money and are eligible to be charged the co-pay fee this will occur. If the health unit initiates the request for you to be seen there is no charge.

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Let your family and loved ones know health services will not disclose your medical care through conversations with them. If we are contacted you should know that we will review your health records but you will have to let them know what you feel they should know about you. Understand we will assure your family and loved ones you have health services available. We will also tell them that they must go through you or the Department of Corrections for release of information and that you must go through the appropriate procedures and access health services and also follow medical service recommendations. Be compliant with the health services ordered for you by your health providers.

If you have had health services outside the prison setting and we do not have these records, you will need to sign release of records forms so we can obtain copies for placement in your institutional health record.

A physical is begun on your arrival into the prison system. You will be notified yearly thereafter when your next physical is scheduled.

Mental health services, dental services, medical services, chronic care clinics, and many other health services are available. We wish you a healthy stay. If you need medical service we want you to understand how these services are obtained.

Certain over the counter medications are available to you through canteen purchase. Medical service is not involved in canteen operations.

We follow doctor's orders when dispensing medication – dose and time. If over the counter medication is given by health services it is through the order of a doctor.

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Population pill calls at time institution are scheduled as listed below. If you have medication ordered, report to the pill call your medication is to be dispensed at.

4:30 a.m.
11:00 a.m.
5:30 p.m.
9:00 p.m.

Segregation lock-up pill call times are as listed below. Your medication will be issued to you on medication rounds.

3:30 a.m.
11:00 a.m.
9:00 p.m.

Dental screening- ALL POPULATION AND SEGREGATION INMATES MUST COMPLETE A SICK CALL FORM FOR DENTAL ONLY. THIS FORM WILL BE FORWARDED TO THE DENTAL DEPT. DENTAL WILL SCHEDULE FOLLOW-UP TREATMENT WITH YOU.

In the event you are scheduled to be released from prison by way of parole/ probation or EOS, you will need to report to the hospital for a pre-release interview. We will make sure that your pre-release blood work is scheduled if not already completed. If you are on any medications, you will be advised when and how to pick up your final supply prior to your departure from Holman. We will also instruct you on how soon it will be necessary for you to follow up with any free world medical and/or mental health care. If you have any questions, you can address them at that time.

If you have a question, request an answer.

Habib Lindsay
Inmate Signature/ Date

J. Johnson LPN 9-2-04
Witness Signature/ Date

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 N610 ~~PHYSICAL~~ DEPARTMENT OF CORRECTIONS

RECEIVING SCREENING FORM

Inmate's Name: LINDSLAY, STEPHON B/207044 Date: 4/5/07 Time: 10:55pm.

DOB: 9-6-77 Officer: Mike T. Arunson Institution: VCF

<u>Receiving Officer's Visual Opinion</u>	<u>Yes</u>	<u>No</u>
---	------------	-----------

1. Is the inmate conscious?
2. Does the inmate have any obvious pain or bleeding/other symptoms suggesting the need for emergency services?
3. Are there any visible signs of trauma or illness requiring immediate emergency treatment or doctor's care?
4. Any obvious fever, swollen lymph nodes, jaundice, or other evidence of infection which might spread through the institution?
5. Is the skin in poor condition or show signs of vermin or rashes?
6. Does the inmate appear to be under the influence of alcohol or drugs?
7. Are there any visible signs of alcohol or drug withdrawal? (extreme perspiration, shakes, nausea, pinpoint pupils, etc.)
8. Is the inmate making any verbal threats to staff or other inmates?
9. Is the inmate carrying any medication or report that he is on any medication which must be continuously administered or available?
10. Does the inmate have any obvious physical handicaps?

If the answer is YES to any questions from 2-10 above, specify WHY in section below.

11. Are you presently taking medication for diabetes, heart disease, seizure, arthritis, asthma, ulcers, high blood pressure or psychiatric disorder?
Cold meds.
12. Are you on any special diet prescribed by a physician? (if YES, what type?)
13. Do you have a history of venereal disease or abnormal discharge?
14. Have you recently been hospitalized or recently seen a medical or psychiatric doctor for any illness? *Ton. I. th. wrist Broken.*
15. Have you ever attempted suicide?

(If YES, When? Age 10-14 How? cut wrist.)

16. Do you want to do any harm to yourself now?

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<u>Yes</u>	<u>No</u>	<u>No Response</u>
------------	-----------	--------------------

- | | | | |
|---|----------|----------|----------|
| 17. Do you want to talk to a mental health counselor? | <u>X</u> | <u> </u> | <u> </u> |
| 18. Are you allergic to any medication? | <u> </u> | <u>X</u> | <u> </u> |
| 19. Have you recently fainted or had a head injury? <i>Jan 8th 2007</i> | <u>X</u> | <u> </u> | <u> </u> |
| 20. Do you have epilepsy? | <u> </u> | <u>✓</u> | <u> </u> |
| 21. Do you have a history of tuberculosis? | <u> </u> | <u>✓</u> | <u> </u> |
| 22. Do you have diabetes? | <u> </u> | <u>✓</u> | <u> </u> |
| 23. Do you have hepatitis? | <u> </u> | <u>✓</u> | <u> </u> |
| 24. Do you have a painful dental problem? | <u> </u> | <u>✓</u> | <u> </u> |
| 25. Do you have any medical problem we should know about? | <u> </u> | <u>✓</u> | <u> </u> |
| 26. Do you have a past alcohol or drug history? | <u>X</u> | <u> </u> | <u> </u> |

What type? _____ How much use? *Zhauz* _____

For how long? *9 yrs.* Last time used? *2 yr alc.*

Comments: (Unusual behavior, etc.)

For the Officer:

- | | | |
|--|---|------------|
| 27. Was the new inmate briefed on sick/dental call procedures? | <u>yes</u> | |
| 28. This inmate was: | a. Released for normal processing | <u>yes</u> |
| | b. Referred to appropriate health care unit | <u> </u> |
| | c. Immediately sent to health care unit | <u> </u> |

Mrs. T. Brown ccc
Officer's Signature

Note: This form is completed on inter and intra system transfers at receiving and will be filed in the inmates medical jacket to comply with ACA Standards 2-4289, 2-4290 and AMA Standard 140.

Alyson Lindsay 207044
Inmate's Signature

BCCF

(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

INMATE NAME: Stephon Lindsey AIS NO. 8/207044 CELL: B1-11 B
 VIOLATION OR REASON: 29 ADMITTANCE AUTH. BY: Lt. McCraney
 DATE & TIME RECEIVED 1-8-07 @ 4:53 PM DATE & TIME RELEASED
 PERTINENT INFORMATION: assault on a person associated w/ the D.O.C./PV

DATE	SHIFT	MEALS			EXERCISE	MEDI-CAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S					
March 5, 07	MORN	Y			No	None	mgm	None	0 meds
	DAY		Y		NO	Refused	Jenifer	NO	0 meds
	EVE		Y	Y	N	N	mgm	1	0 meds
MON									
March 6, 07	MORN	Y			No	None	mgm	None	0 meds
	DAY		Y		NO	Refused	Jenifer	NO	0 meds
	EVE		Y	Y	Y	N	P. Gray	N	0 meds
TUE									
March 7, 07	MORN	Y			No	None	Jenifer	None	0 meds
	DAY		Y		NO	Refused	Jenifer	NO	0 meds
	EVE		Y	Y	Y	N	P. Gray	N	0 meds
WED									
March 8, 07	MORN	Y			N	N	Jenifer	N	0 meds
	DAY		Y	Y	N	N	Refused	N	0 meds
	EVE		Y	Y	Y	N	P. Gray	N	0 meds
THUR									
March 9, 07	MORN	Y	N	N	N	N	Jenifer	N	0 meds
	DAY		Y		NO	Refused	Jenifer	NO	0 meds
	EVE		Y	Y	Y	N	P. Gray	N	0 meds Rec. S. Calhoun
FRI									
March 10, 07	MORN	N			N	N	Jenifer	N	Meds given
	DAY		Y	Y	NO	Refused	Jenifer	NO	Meds given
	EVE		Y	Y	Y	yes none	P. Gray	none	0 meds
SAT									
March 11, 07	MORN	N			No	None	Jenifer	None	Meds given
	DAY		Y		NO	Refused	Jenifer	NO	Meds given
	EVE		Y	Y	Y	N	P. Gray	N	Meds given
SUN									

Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH: Shower - Yes (Y) or NO (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. - Conduct, attitude * Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

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PHS000011

SEGREGATION UNIT RECORD SHEET

INMATE NAME: Stephon LindseyAIS NO. B/207044CELL: B1-11BVIOLATION OR REASON: 29ADMITTANCE AUTH. BY: H. McCraneyDATE & TIME RECEIVED 1-8-07 @ 4:53 PM

DATE & TIME RELEASED

PERTINENT INFORMATION: assault on a person associated w/the D.O.C. /pv

DATE	SHIFT	MEALS			EXERCISE	MEDI-CAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S					
Feb. 26, 07	MORN	Y	-	No	None	Jernigan	None	0 Meds	R. Johnson co
	DAY	Y	-	NO	Refused	J. A.	NO	0 med	J. Johnson, co
	EVE	-	Y	N	N	Rebels	N	0 med	J. Johnson, co
MON									
Feb. 27, 07	MORN	Y	-	No	None	Jernigan	None	0 Meds	R. Johnson co
	DAY	-	Y	NO	Refused	J. A.	NO	0 med	J. Johnson, co
	EVE	-	Y	yes	wore	Rebels	none	0 med	J. Johnson, co
TUE									
Feb. 28, 07	MORN	Y	-	No	None	Jernigan	None	0 Meds	R. Johnson co
	DAY	-	Y	NO	Refused	J. A.	NO	0 med	J. Johnson, co
	EVE	-	Y	N	N	Rebels	N	0 med	J. Johnson, co
WED									
March 1, 07	MORN	N	-	No	None	Jernigan	None	0 Meds	R. Johnson co
	DAY	/	Y	/	/	Rebels	/	0 med	J. Johnson, co
	EVE	-	Y	yes	wore	Rebels	none	0 med	J. Johnson, co
THUR									
March 2, 07	MORN	Y	N	N	N	Rebels	N	0 Meds	J. Ellis, co
	DAY	Y	-	NO	Refused	J. A.	NO	0 med	J. Johnson, co
	EVE	-	Y	NO	NO	Rebels	NO	0 Meds	J. Johnson, co
FRI									
March 3, 07	MORN	NNNN	N			Rebels	N	0 Meds	J. Ellis, co
	DAY	Y	Y	NO	Refused	J. A.	NO	0 med	J. Johnson, co
	EVE	-	Y	Y	N	Rebels	N	0 Meds	J. Johnson, co
SAT									
March 4, 07	MORN	N	-	No	None	Rebels	None	0 Meds	R. Johnson co
	DAY	Y	-	NO	Refused	J. A.	NO	0 med	J. Johnson, co
	EVE	-	Y	N	Rebels	N	0 Meds	J. Johnson, co	
SUN									

Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH: Shower - Yes (Y) or NO (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. - Conduct, attitude * Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

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PHS000012

BCCF

(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

INMATE NAME: Stephon Lindsey
 VIOLATION OR REASON: 29
 DATE & TIME RECEIVED 1-8-01 @ 4:53 PM
 PERTINENT INFORMATION: assault on a person associated w/ the D.O.C.

AIS NO. B/207044 CELL: B1-11B
 ADMITTANCE AUTH. BY: H. McCrancy

DATE	SHIFT	MEALS			EXERCISE	MEDI-CAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S					
Feb. 19, 01	MORN	N			No None	John	None	o mets	R. Johnson co
	DAY	Y			NO refused	John	ND	O mets	J. Johnson co
	EVE		N	N	N	John, RN	N	O mets	J. Johnson co
MON									
Feb. 20, 01	MORN	Y			No None	John	None	o mets	R. Johnson co
	DAY		Y		NO Refused	John	ND	O mets	J. Johnson co
	EVE	-	Y		yes none	John	none	O mets	J. Johnson co
TUE									
Feb. 21, 01	MORN	Y			No None	John	None	O mets	R. Johnson co
	DAY		Y		NO Refused	John	ND	O mets	J. Johnson co
	EVE	-	Y		yes none	John	none	O mets	J. Johnson co
WED									
Feb. 22, 01	MORN	Y			No None	John	None	O mets	R. Johnson co
	DAY		Y		NO Refused	John	ND	O mets	J. Johnson co
	EVE	-	Y	N	N	John	N	O mets	J. Johnson co
THUR									
Feb. 23, 01	MORN	Y	N	N	N	John	N	O mets	J. Johnson co
	DAY		Y		Refused	John	ND	O mets	J. Johnson co
	EVE	-	Y		no some	John	N	O mets	J. Johnson co
FRI									
Feb. 24, 01	MORN	N			NO NONE	John	None	O mets	J. Johnson co
	DAY	Y			NO cancelled	John	ND	O mets	J. Johnson co
	EVE	-	Y		yes none	John	none	O mets	J. Johnson co
SAT									
Feb. 25, 01	MORN	N			No None	John	None	O mets	R. Johnson co
	DAY	Y			NO cancelled	John	ND	O mets	R. Johnson co
	EVE	-	Y	R	-	John	none	O mets	R. Johnson co
SUN									

Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH: Shower - Yes (Y) or NO (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. - Conduct, attitude * Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

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PHS000013

SEGREGATION UNIT RECORD SHEETINMATE NAME: Stephon LindseyVIOLATION OR REASON: 29DATE & TIME RECEIVED 1-8-07 @ 4:53 PMPERTINENT INFORMATION: assault on a person associated w/ the D.O.C.AIS NO. B/207044CELL: B1-11B
ADMITTANCE AUTH. BY: Lt. McCraney

DATE & TIME RELEASED

DATE	SHIFT	MEALS			EXERCISE	MEDI-CAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S					
Feb. 12, 07	MORN	Y	-	No	None	Jernigan	None	Ø Meds	R. Johnson col
	DAY	Y	Y	No	Refused	Jernigan	None	Ø Meds	C. O'Brien, CO
	EVE	Y	Y	N	N	Jernigan	N	Ø med's	Jernigan Col
MON									
Feb. 13, 07	MORN	Y	-	No	None	Jernigan	None	Ø Meds	R. Johnson col
	DAY	Y	Y	NO	ND	Jernigan	ND	Ø med's	J. Johnson, CO
	EVE	Y	Y	-	-	Jernigan	-	Ø med's	R. Pennington SGT.
TUE									
Feb. 14, 07	MORN	Y	-	No	None	Jernigan	None	Ø Meds	R. Johnson col
	DAY	Y	-	ND	Refused	Jernigan	ND	Ø med's	C. O'Brien, CO
	EVE	Y	-	-	-	Jernigan	-	Ø med's	J. Johnson, CO
WED									
Feb. 15, 07	MORN	Y	-	No	None	Jernigan	None	Ø Meds	R. Johnson col
	DAY	Y	-	No	Refused	Jernigan	None	Ø Meds	C. O'Brien, CO
	EVE	Y	Y	Y	-	Jernigan	Y	Ø Meds	R. Johnson col
THUR									
Feb. 16, 07	MORN	Y	-	ND	ND	Jernigan	ND	Ø Meds	V. Baldwin, CO
	DAY	Y	-	No	Refused	Jernigan	None	Ø Meds	C. O'Brien, CO
	EVE	-	-	Y	ND	Jernigan	-	Ø Meds	J. Johnson, CO
FRI									
Feb. 17, 07	MORN	Y	-	ND	ND	Jernigan	ND	Ø Meds	V. Baldwin, CO
	DAY	Y	Y	ND	ND	Jernigan	ND	Ø Meds	R. Johnson, CO
	EVE	Y	Y	Y	N	Jernigan	N	Ø Meds	A. Wm. C. S.
SAT									
Feb. 18, 07	MORN	N	-	N	N	Jernigan	N	Ø Meds	On Hold, CO
	DAY	Y	-	Y	Refused	Jernigan	N	Ø Meds	C. O'Brien, CO
	EVE	-	-	Y	Y	Jernigan	N	Ø Meds	J. Johnson, CO
SUN									

Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH: Shower - Yes (Y) or NO (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. - Conduct, attitude * Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

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(INSTITUTION)

SEGREGATION UNIT RECORD SHEETINMATE NAME: Stephon LindseyVIOLATION OR REASON: 29DATE & TIME RECEIVED 1-8-01 @ 4:53 PMPERTINENT INFORMATION assault on a person associated w/ the D.O.C.AIS NO. B/207044 CELL: B1-11 BADMITTANCE AUTH. BY: L. McCraney

DATE & TIME RELEASED

DATE	SHIFT	MEALS			EXERCISE	MEDI-CAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S					
Feb. 5, 01	MORN	Y	—	No	None	None	None	None	R. Johnson c.l
	DAY	Y	—	NO	no	None	None	None	J. Johnson, CO
	EVE	Y	N	N	Refused	None	None	None	J. Pennington COI
MON									
Feb. 6, 01	MORN	Y	—	No	None	None	None	None	R. Johnson c.l
	DAY	Y	—	NO	Refused	None	None	None	J. Johnson, CO
	EVE	—	Y	yes	were	Refused	were	None	J. Johnson, CO
TUE									
Feb. 7, 01	MORN	Y	—	No	None	None	None	None	R. Johnson c.l
	DAY	—	Y	NO	Refused	None	None	None	J. Johnson, CO
	EVE	—	Y	N	Refused	None	None	None	S. Calhoun COI
WED									
Feb. 8, 01	MORN	Y	—	No	None	None	None	None	R. Johnson c.l
	DAY	Y	—	NO	Refused	None	None	None	J. Johnson, CO
	EVE	—	Y	NO	Refused	None	None	None	J. Johnson, CO
THUR									
Feb. 9, 01	MORN	Y	N	N	N	None	N	None	G. Ellis COI
	DAY	Y	—	NO	Refused	None	None	None	J. Johnson CO
	EVE	—	Y	NO	were	Refused	were	None	J. Johnson CO
FRI									
Feb. 10, 01	MORN	N	—	N	N	None	N	None	J. Johnson CO
	DAY	Y	—	NO	Refused	None	None	None	J. Johnson CO
	EVE	—	Y	NO	were	Refused	were	None	S. Calhoun COI
SAT									
Feb. 11, 01	MORN	N	—	No	None	None	None	None	R. Johnson c.l
	DAY	Y	—	NO	Refused	None	None	None	J. Johnson CO
	EVE	—	Y	Y	N	None	N	None	J. Johnson CO
SUN									

Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH: Shower - Yes (Y) or NO (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. - Conduct, attitude * Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

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PHS000015



SPECIAL NEEDS COMMUNICATION FORM

Date: 1/20/07

To: DOC

From: HCU

Inmate Name: Lindsay Stephen ID#: 207044

The following action is recommended for medical reasons:

1. House in _____
2. Medical Isolation _____
3. Work restrictions _____
4. May have extra _____ until _____
5. Other _____

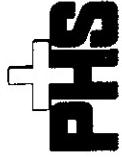
Comments:

1. Bottom Bunk Bed X 180 days
(1/20 - 7/20/07)

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Date: 1/20/07 MD Signature: Dr. Siddiq /Sh Time: 2000

60418



SEGREGATION HEALTH LOG

PRISON
HEALTH
SERVICES
INCORPORATED

Name Lindsey, Stephon

AIS# 00 7044
Cell # 3D160

Name Key: NC No Complaints
C Complaint (Provide Documentation in Complaint Section)

Year	05	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Time	05																																
January	NC	NC	NC	CP	CP	CP	CP	CP	CP	NC																							
Nurse																																	
February	NC																																
Nurse																																	
March																																	
Nurse																																	
April																																	
Nurse																																	
May																																	
Nurse																																	
June																																	
Nurse																																	
July																																	
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August																																	
Nurse																																	
September																																	
Nurse																																	
October																																	
Nurse																																	
November																																	
Nurse																																	
December																																	
Nurse																																	

Nurse's Signature and Initials:

M. Thompson

CHICKEN WORN OF
MBRODIN AND UP TO
BUNNIES

SEGREGA ON HEALTH LOG

Name Lindsey Stephon AIS# 2d 7044 Cell _____

Name Key: NC No Complaints
C Complaint (Provide Documentation in Complaint Section)

Year 2004	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Time																																
January																																
Nurse																																
February																																
March																																
Nurse																																
April																																
Nurse																																
May																																
Nurse																																
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July																																
Nurse																																
August																																
Nurse																																
September																																
Nurse																																
October																																
Nurse																																
November																																
Nurse																																
December																																
Nurse																																

Nurse's Signature and Initials: JT John Taylor

Merle Stephon AJ

John Stephon AJ

Disciplinary Segregation Medical Documentation

Vital Signs:

BP

120/80

98

P

88

R 20

Signs of Trauma <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe:									
Medical/Mental Health Complaints <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe:									
Existing Medical/Mental Health Conditions <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Describe:									
Signature <i>B. McLain</i>					Date	Time				
Date/Time <i>07/20/07</i>										
Crying <input checked="" type="checkbox"/>										
Signs of Trauma <input checked="" type="checkbox"/>										
Oriented x's 3 <input checked="" type="checkbox"/>										
Withdrawn <input checked="" type="checkbox"/>										
Hostile/Angry <input checked="" type="checkbox"/>										
Quiet <input checked="" type="checkbox"/>										
Manic Behavior <input checked="" type="checkbox"/>										
^ denies Complaint <input checked="" type="checkbox"/>										
Nurse's Signature <i>B. McLain</i>										
Comments (By Date)										

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Inmate Name:

Lindsay, Stephen

ID#/DOB

207044

9/6/71

Race

B/m

Location

Drapo

EMERGENCY

ADMISSION DATE <i>04/09/04</i>	TIME <i>11:30 AM</i>	ORIGINATING FACILITY <i>Draper</i>	<input type="checkbox"/> SICK CALL <input type="checkbox"/> EMERGENCY <input type="checkbox"/> OUTPATIENT		
ALLERGIES <i>NKA</i>	CONDITION ON ADMISSION <input checked="" type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA				
VITAL SIGNS: TEMP <i>98.4</i>	ORAL RECTAL	RESP. <i>20</i>	PULSE <i>88</i> B/P <i>120/80</i> RECHECK IF SYSTOLIC <i>/</i> <100> 50		
NATURE OF INJURY OR ILLNESS <i>S. Body Chalk for Seg placement by Reg Doc.</i>		ABRASION // CONTUSION # BURN XX FRACTURE Z LACERATION / Z SUTURES			
PHYSICAL EXAMINATION <i>O No Scratches, bruises, or lacerations noted.</i>					
A. All observations done					
P. None					
DIAGNOSIS					
INSTRUCTIONS TO PATIENT					
DISCHARGE DATE <i>04/09/04</i>	TIME <i>11:30 AM</i>	RELEASE / TRANSFERRED TO <i>Seg</i>	CONDITION ON DISCHARGE <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL		
NURSE'S SIGNATURE <i>JM dan L</i>		DATE <i>4/09/04</i>	PHYSICIAN'S SIGNATURE <i>R. M. Smith 4/10/04</i>		
INMATE NAME (LAST, FIRST, MIDDLE) <i>Lindsay, Stephen</i>		DOC# <i>207044</i>	DOB <i>9/6/77</i>	R/S <i>b/m</i>	FAC. <i>Draper</i>



EMERGENCY

ADMISSION DATE 4/6/04	TIME 11:30 AM PM	ORIGINATING FACILITY <i>Bogue</i>	<input type="checkbox"/> SICK CALL <input type="checkbox"/> EMERGENCY <input checked="" type="checkbox"/> OUTPATIENT														
ALLERGIES NKA	CONDITION ON ADMISSION <input checked="" type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA																
VITAL SIGNS: TEMP 100.3 <i>(oral)</i> RECTAL	RESP 164 <i>20</i>	PULSE 610 98% B/P 120/90	RECHECK IF SYSTOLIC <100> 50														
NATURE OF INJURY OR ILLNESS <i>S - Body Chart per request of DOC. Inmate alleged he was thick by a DOC official.</i>	ABRASION //	CONTUSION #	BURN XX XX	FRACTURE Z Z	LACERATION / SUTURES												
<p>PROFILE RIGHT OR LEFT</p> <p>RIGHT OR LEFT</p>																	
PHYSICAL EXAMINATION <i>Q - Ambulatory to H/C Office Name. May 100%. Inmate very fair skinned but no marking or any injury noted to Circle of face. No other injury noted. Inmate denies any other.</i> <i>A - Body Chart</i>	<table border="1"> <tr> <td>ORDERS / MEDICATIONS / IV FLUIDS <i>P - 1) As indicated @ this time.</i></td> <td>TIME</td> <td>BY</td> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>					ORDERS / MEDICATIONS / IV FLUIDS <i>P - 1) As indicated @ this time.</i>	TIME	BY									
ORDERS / MEDICATIONS / IV FLUIDS <i>P - 1) As indicated @ this time.</i>	TIME	BY															
DIAGNOSIS	<p style="text-align: center;">FOR PROFESSIONAL USE ONLY</p> <p style="text-align: center;">CONFIDENTIAL RECORD</p> <p style="text-align: center;">NOT TO BE PHOTOCOPIED</p>																
INSTRUCTIONS TO PATIENT																	
DISCHARGE DATE 4/6/04	TIME 11:30 AM PM	RELEASE / TRANSFERRED TO <i>SCC</i>	DOC <input type="checkbox"/> AMBULANCE <input type="checkbox"/>	CONDITION ON DISCHARGE <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL													
NURSE'S SIGNATURE <i>G. D. May Jr.</i>	DATE 4/6/04	PHYSICIAN'S SIGNATURE <i>J. E.</i>	DATE 4/6/04	CONSULTATION													
INMATE NAME (LAST, FIRST, MIDDLE) <i>Lindsay, Stephen</i>	DOC#	DOB	R/S	RAC.													
	207044	9-6-11	BM	207044													

NAF RE
MEDICAL SEGREGATION LOG

Name:	Indiv	Sleptous	AIS	Q Outouli	DOB:	Unit:	Location	Year:	2003																						
MONTH	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
JANUARY																															
FEBRUARY																															
MARCH																															
APRIL																															
MAY																															
JUNE																															
JULY																															
AUGUST																															
SEPTEMBER																															
OCTOBER																															
NOVEMBER																															
DECEMBER																															

Key: M-Medical
 D-Dental
 P-Psychiatric
 NIC-No-Complaints
 NO072

NURSES SIGN AND INITIAL
 C. COUSINS
 C. COUSINS
 C. COUSINS
 C. COUSINS
 C. COUSINS

1/16/07 1/16/07
 1/16/07 1/16/07
 1/16/07 1/16/07
 1/16/07 1/16/07
 1/16/07 1/16/07

Disciplinary Segregation Medical Documentation

Initial Assessment

Vital Signs: BP

P

R

Signs of Trauma <input type="radio"/> No <input checked="" type="radio"/> Yes	Describe:
Medical/Mental Health Complaints <input type="radio"/> No <input checked="" type="radio"/> Yes	Describe:
Existing Medical/Mental Health Conditions <input type="radio"/> No <input checked="" type="radio"/> Yes	Describe:

Signature

Date

Time

Date/Time	12/03 11/3	10/1 11/3	4/3/03 11/3	3/3/03 11/3									
Crying													
Signs of Trauma													
Oriented x's 3	✓	/	/	✓									
Withdrawn													
Hostile/Angry		/	/										
Quiet	✓	/	/	✓									
Manic Behavior			/										
Denies Complaint	✓	/	/	✓									

N /s Signature

Christopher S. Lindsey
Christopher S. Lindsey
Christopher S. Lindsey

Comments (By Date)

FOR PROFESSIONAL USE ONLY
CONFIDENTIAL RECORD
 NOT TO BE PHOTOCOPIED

Name

Lindsey, Stephen

ID#/DOB

207044

Race

B

Location

VCF

Initial Assessment		Vital Signs: BP / 30 / 80	P. 96	DHT 172 / 3 / 4	R. 20	T. 99 ²
S of Fraud:	<input checked="" type="radio"/> No <input type="radio"/> Yes	Describe:				
Medical/Mental Health Complaints	<input checked="" type="radio"/> No <input type="radio"/> Yes	Describe:				
Existing Medical/Mental Health Conditions	<input checked="" type="radio"/> No <input type="radio"/> Yes	Describe:				
Signature <i>McKenzie J. R.</i>		Date <i>3-13-08</i>	Time <i>1330</i>			
Date/Time	<i>3-13-08</i>	<i>3-13-08</i>	<i>3-13-08</i>	<i>3-13-08</i>	<i>3-13-08</i>	<i>3-13-08</i>
Crying						
Signs of Trauma						
Oriented x's 3	/	/	/	/	/	/
Withdrawn						
Hostile/Angry						/
Quiet	/	/	/	/	/	/
Manic Behavior						
Denies Complaint	/	/	/	/	/	/
N /'s Signature	<i>McKenzie J. R.</i>					

Comments (By Date)

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~~CONFIDENTIAL RECORD~~
~~NOT TO BE PHOTOCOPIED~~

mate Name: Lindsey, Stephon ID#/DOB 202044 / 9-6-77 Race B/m Location VCF
Disciplinary Segregation Medical Documentation NCOS

DEPARTMENT OF CORRECTIONS

EMERGENCY Unscheduled TREATMENT RECORD
(OTHER)WT. 172 3/4
D/S

DATE <u>3/13/03</u>	TIME <u>13:15</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	FACILITY <u>Ventner</u>	<input type="checkbox"/> EMERGENCY <input checked="" type="checkbox"/> OTHER
------------------------	---	----------------------------	---

ALLERGIES <u>MCA</u>	CONDITION ON ADMISSION <input type="checkbox"/> GOOD <input checked="" type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA
-------------------------	---

VITAL SIGNS: TEMP <u>99.2</u> <small>ORAL</small> <small>RECTAL</small>	PULSE <u>96</u> B/P <u>130/80</u>	RECHECK IF SYSTOLIC <100 > 50
RESP. <u>20</u>		

NATURE OF INJURY OR ILLNESS <u>D - BM brought to HCU by Officer K Cagle for body chart - inmate restrained without shack - no cuts, scrapes, bruises or abrasion noted</u>	ABRASION//	CONTUSION #	BURN <u>xx</u>	FRACTURE <u>z</u>	LACERATION/ <u>SUTURES</u>
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<u>A. DOC Body Chart</u>		
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PHYSICAL EXAMINATION <u>I. Inmate returned to custody of Officer Cagle to be placed in disciplinary segregation</u>
--

<u>II. Body Chart</u>		
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ORDERS, MEDICATION, etc.

<u>III. Laboratory</u>		
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DIAGNOSIS	<small>FOR PROFESSIONAL USE ONLY</small>	
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CONFIDENTIAL RECORD
NOT TO BE MAILED OR COPIED

INSTRUCTIONS TO PATIENT

RELEASE/TRANSFER DATE <u>3/13/03</u>	TIME <u>13:21</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	RELEASE/TRANSFERRED TO <u>E DOC</u>	<input type="checkbox"/> AMBULANCE	CONDITION ON DISCHARGE <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL
---	---	--	------------------------------------	--

NURSE'S SIGNATURE <u>Monique J</u>	DATE <u>3/13/03</u>	PHYSICIAN'S SIGNATURE <u>JH</u>	DATE <u>3/13/03</u>	CONSULTATION
---------------------------------------	------------------------	------------------------------------	------------------------	--------------

PATIENT'S NAME (LAST, FIRST, MIDDLE) <u>Lindsey, Stephen</u>	AGE <u>27</u>	DATE OF BIRTH <u>9/16/77</u>	R/S <u>B/m</u>	AIS # <u>207044</u>
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NAPHCARE **ADMINISTRATIVE SEGREGATION LOG**

Name: Lindsay Stephan A# 707044 DOB 13/07/1992 UNIT 1342 YEAR 2020

NURSES, SIGN AND INITIAL

KEY:
 M—MEDICAL
 D—DENTAL
 P—PSYCHIATRIC
 NC—NO COMPLAINTS

**N: HCARE
ADMINISTRATIVE SEGREGATION LOG**

Name: Lindsey Steffon

AIS 2044

DOB 07/04/94

UNIT C73

YEAR 2001

MONTH	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
JANUARY																														
FEBRUARY																														
MARCH																														
APRIL																														
MAY																														
JUNE																														
JULY																														
AUGUST																														
SEPTEMBER																														
OCTOBER																														
NOVEMBER																														
DECEMBER																														

NOT TO BE PLOTTED COPIED
CONTINENTAL RECORDS
REPRODUCTION USE ONLY

NURSES SIGN AND INITIAL

R. BURKETTE, LPN/R.B.

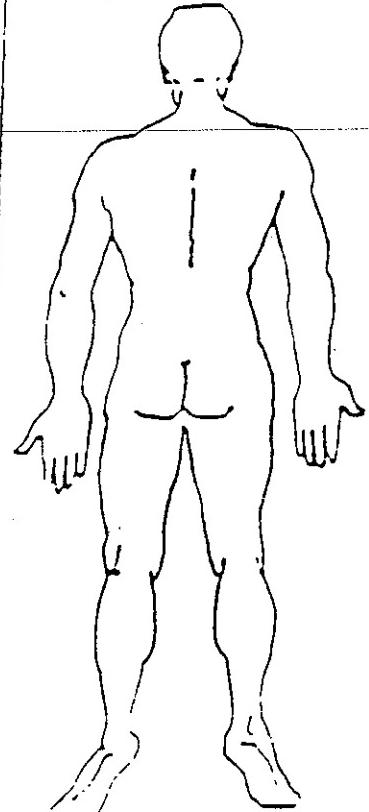
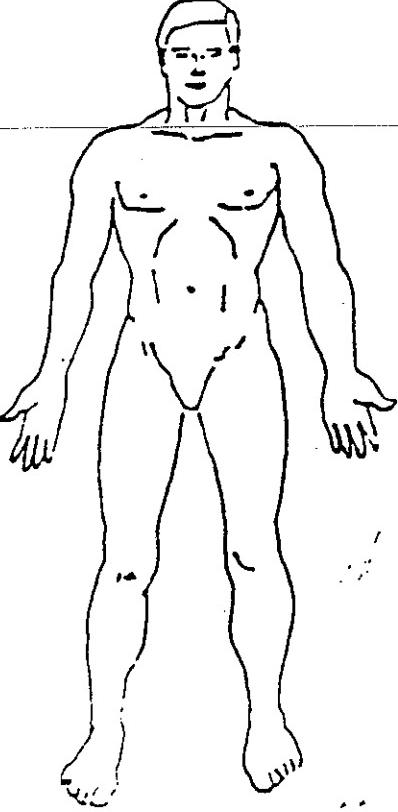
KEY:
M - MEDICAL
D - DENTAL
P - PSYCHIATRIC
N/C-NO COMPLAINTS

INITIAL ASSESSMENT	VITAL SIGNS: BP <u>130/52</u>	P <u>80</u>	R <u>20</u>				
Signs of Trauma <input type="checkbox"/> No <input type="checkbox"/> Yes Describe:							
Medical/Mental Health Complaints <input type="checkbox"/> No <input type="checkbox"/> Yes Describe:							
Existing Medicinal/Mental Health Conditions <input type="checkbox"/> No <input type="checkbox"/> Yes Describe: <i>M. Miller LPN</i>		Date <u>11-17-06</u>	Time _____				
Signature <i>M. Miller LPN</i>	2000						
DATE/TIME	12/19/20	21/22	23/24	25/26	27/28	29/30	10/11
Crying							
Signs of Trauma							
Oriented x's 3							
Withdrawn							
Hostile/Angry							
Quiet	✓	✓	✓	✓	✓	✓	✓
Manic Behavior							
Denies Complaint							
Nurse's Signature	<i>J. Miller</i>	<i>J. Miller</i>	<i>J. Miller</i>	<i>J. Miller</i>	<i>J. Miller</i>	<i>J. Miller</i>	<i>J. Miller</i>
Comments (By Date)							

~~FOR PROFESSIONAL USE ONLY~~
~~CONFIDENTIAL RECORD~~

NOT TO BE PHOTOCOPIED

NAME: Linchay, Stephen ID#/DOB: 205042 RACE: LOCATION: C 15

Case 2:07-cv-00399-WC Document 21-4 Filed 07/23/2007 Page 30 of 100		TREATMENT REQUEST AND RECORD		
of Request	Requested By	Patient Status	Rx. Orders	
12-1-2000		<input type="checkbox"/> IP <input type="checkbox"/> OP		
Clinical Diagnosis		Date of Onset		
REASON ✓ Foot soak Q week for 30min. x4 (SFB)		12-1-2000	Date of Surgery	
AREA OF TREATMENT (CIRCLE)		PROGRESS NOTES:		
 		<hr/>		

RECORD OF TREATMENT

MONTH	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
DEC.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

FOR PROFESSIONAL USE ONLY

Patentee's Last Name Lindsey, Stephen First Name

207044

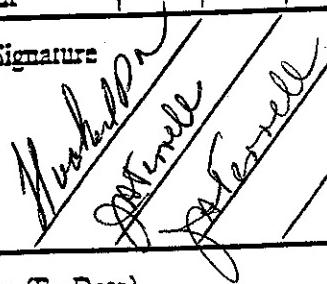
1400

1

473

EMERGENCY/ _____ **TREATMENT RECORD**

~~CORRECTIONAL MEDICAL SR.~~
DISCIPLINARY SEGREGATION MEDICAL DOCUMENTATION

INITIAL ASSESSMENT	VITAL SIGNS: BP _____ P _____ R _____													
Signs of Trauma <input type="checkbox"/> No <input type="checkbox"/> Yes Describe:														
Medical/Mental Health Complaints <input type="checkbox"/> No <input type="checkbox"/> Yes Describe:														
Existing Medical/Mental Health Conditions <input type="checkbox"/> No <input type="checkbox"/> Yes Describe:														
Signature _____ Date _____ Time _____														
2000														
DATE/TIME	10/31	11/1	2	3	4	5	6	7	8	9	10	11	12	13
Crying														
Signs of Trauma														
Oriented x's 3														
Withdrawn														
Hostile/Angry														
Quiet	X													
Manic Behavior														
Denies Complaint														
Nurse's Signature														
Comments (By Date)														
FOR PROFESSIONAL USE ONLY CONFIDENTIAL RECORD NOT TO BE PHOTOCOPIED														

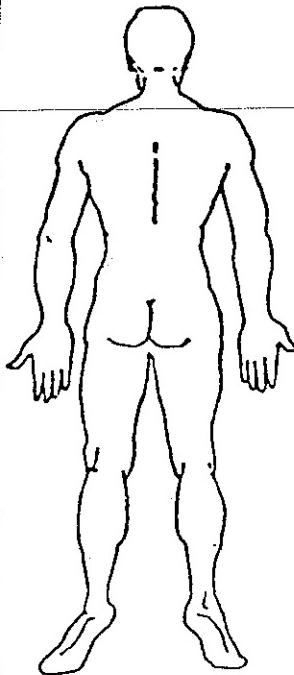
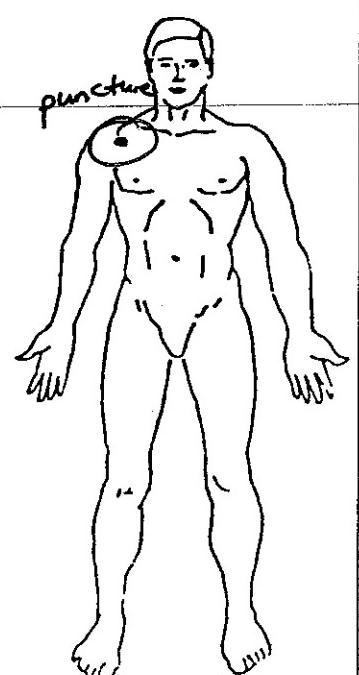
NAME: <u>Lindsay Stephen</u>	ID# / DOB: <u>207044</u> RACE:	LOCATION: <u>C12</u>
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DEPARTMENT OF CORRECTIONS

EMERGENCY/

(OTHER)

TREATMENT RECORD

DATE 10-30-00	TIME 2105 <small>AM</small>	FACILITY ST. CLAIR <input type="checkbox"/> SIR <input type="checkbox"/> PDL <input checked="" type="checkbox"/> ESCAPEE <input type="checkbox"/>	<input type="checkbox"/> EMERGENCY <input checked="" type="checkbox"/> OTHER				
ALLERGIES NKA		CONDITION ON ADMISSION <input checked="" type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA					
VITAL SIGNS: TEMP 98.6 RECTAL RESP. 20		PULSE 80 B/P 130/72 <100> 50	RECHECK IF SYSTOLIC				
NATURE OF INJURY OR ILLNESS <i>Body Chat per DOC</i>		ABRASION/// <input type="checkbox"/>	CONTUSION # <input type="checkbox"/>	BURN XX <input type="checkbox"/> <input type="checkbox"/>	FRACTURE Z <input type="checkbox"/> <input type="checkbox"/>	LACERATION <input type="checkbox"/>	SUTURES
		 					
PHYSICAL EXAMINATION <i>Puncture wound l/m stated stabbed w/ ice pick d/cp sab. Lung sounds clear bilat no Acute distress H&H</i>							
ORDERS, MEDICATION, etc.							
<i>1. Cleaned w/ sterile H2O 2. dsg w/ 2x2</i>							
FOR PROFESSIONAL USE ONLY CONFIDENTIAL RECORD NOT TO BE PHOTOCOPIED							
DIAGNOSIS <i>Alt in comp</i>							
INSTRUCTIONS TO PATIENT <i>Follow proper S/C procedure</i>							
RELEASE/TRANSFER DATE 10/30/00	TIME <small>AM</small>	RELEASE/TRANSFERRED TO D.O.C.	DOC <input type="checkbox"/> AMBULANCE <input type="checkbox"/>	CONDITION ON DISCHARGE <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL			
NURSE'S SIGNATURE <i>Br. D. P. 10-30-00</i>	DATE 10-30-00	PHYSICIAN'S SIGNATURE <i>J. Hark</i>	DATE 10-31-00	CONSULTATION			
PATIENT'S NAME (LAST, FIRST, MIDDLE) <i>Lindsay STEPHON</i>		AGE 23	DATE OF BIRTH 9 16 77	R/S Bl	AIS # 207044		

DISCIPLINARY PROGRESS NOTES

DATE

TIME

NOTES

SIGNATURE

5/27/05

8:13AM

alleviate reen in Pop CR
per request Doc offices
who had witnessed
"going off" behavior
S: al don't know what they
are talkin about right
off. al don't rule it
out though - al doing
good - People are trying
to probabie me some
but al can't remember anything
really bad - al get
irritated but al find
things to do. Tell them we can agree to disagree
O: A, A, O - Calm, cooperative,
pleasant - extremely polite
No change in verbal
decommeans - Behavior
appropriate - Mood good.
Dinner ST, HI, Halluc.

A: PTSD - Functioning well
in Pop. at present

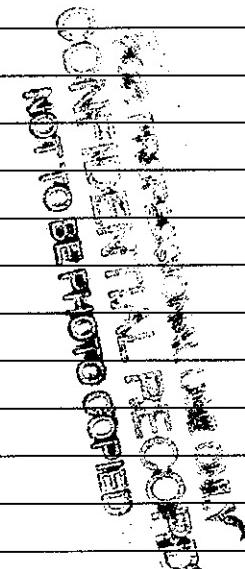
according to inmate
P: Ref or Dr. Earsman
continue to monitor -

See PRN or 1 month
eliminate reen in Pop.

CR
S: al doing pretty good.
Havent been in any confronta-
tions - Still going to SCAA -
if al see a woman al just
keep on going - Still working
as a dorm cleaner - Sat a

Lef Padd M.S.
con.

Patient's Name, (Last, First, Middle)	AIS#	Age	R/S	Facility
Lindsey, Stephan	207014	21	B/m	Hab.

DATE	TIME	NOTES	SIGNATURE
8/5/05	8:32 AM	Lovato seen in Gap CR. S: Been kind of tough down there - Played a movie about a girl that was molested. Made me get a flashback - el got real angry. el went & talked to someone. O: A, A, O Extremely gentle, calm, cooperative, coherent - Having insight, coping skills improving. Highly motivated in therapy. Demer SI, HI, Halle. A: PTSD - Functioning well at present.	
5/18/05	8:16 AM	Lovato seen in Gap CR. S: Elm doing okay - Finished an SLAA - Signed on to do another one - Elts a 12 week program - talk about things that came to the state of mind - That 38 state of mind - also been almost 6 months - el feel good - el feel like doing it sometimes & my behavior feels like it is gonna get aggressive el think of the things that keep me from it - People watch me too & that helps too. O: A, A, O Calm, extremely gentle, coherent - Effect, behavior appropriate (con.)	Jef Dodds M.S.
			

Patient's Name, (Last, First, Middle)	AIS#	Age	R/S	Facility
Lindsey, Stephen	207044	21	3/m	Hall

Alabama Department of Corrections
Psychiatric Progress Note

DATE: <u>2-9-04</u>	TIME: <u>0725</u>	Behavioral Rating Scale 0=No problem 5=worst	Today vs Before
Target Symptoms			
<u>self-injurious behavior</u>		<u>0 4</u>	
Medications: <u>None</u>		Informed Consent	
Compliance: Inmate report _____ % vs MAR _____ %			

In addition to the information in the tables above and below, then inmate-patient:

S Cell cleaner. SHAA wky. I saw behavior as child-like response, tantrum. Feel good, contact family.
Side effects?
N. A.

O A, A, O. Speech fluent, productive; mood intense & thought-fu. Obviously moving beyond primary process: evaluating his responses/options.

Selected Issues	NO	YES	If yes, comment on pertinent positive findings
Psychosis	X		
Serious Depression	X		
Self-Injurious Thoughts	X		
Suicidal intent	X		
Aggressive	X		
Seriously Impulsive	X		
Situational Upset	X		

Lab info: N. A. Labs Orderd _____ Labs Reviewed _____ AIMS ? _____

ASSESSMENT/Diagnosis (DSM-IV):	
<u>PTSD</u> <u>Self injurious beh.</u>	
Plan: No meds. Continue SMI. Consider A to HIST p 6-12 mos.	

Return to clinic: 3 mos. Print last Name: Earnshaw Sign h/ Earnshaw MD

Patient's Name: (Last, First, Middle)	ASH#	Age	R/S	Code	Institution
<u>Lindsay, Stephon</u>	<u>207044</u>	<u>27</u>	<u>B/M</u>	<u>SMI</u>	<u>Holman</u>

IN DISCIPLINARY PROGRESS NO S

DATE	TIME	NOTES	SIGNATURE
12-23-04 1/31/05	0800 8:00am	See Psych Eval	R. Earshaw MD
1/31/05	3 PM	<p>Elminate sleep in POF CR</p> <p>S: Your mom & I know you are the psychiatrist lady - I am doing better - I ain't doing the stalking thing w/ women - I catch myself & I do want to be like that - That's why I was trying that strapping around my leg to remind me not to go to the door & commit another 38. I was molested as a child - by a older male cousin - I also molested some child - one cousin & one stronger - I am trying to get stronger - I want to stop doing that stuff -</p> <p>O: A, A, O. Points, calm, coherent, cooperative - Appear to be motivated to change behavior. Unwilling to try meds at present - denies SI, HI, Halluc. PT. Reports mostly hearing all day - "Get out of the Craps"</p> <p>A: PTSD - Apparently motivated, responsive in therapy</p> <p>P: See 9 month or PRN</p>	<p style="writing-mode: vertical-rl; transform: rotate(180deg);">CONFIDENTIAL</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">TOP SECRET</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">PROFESSIONAL</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">PHOTO COPIED</p>
			Leslie Dodd MS.

Patient's Name, (Last, First, Middle)	AIS#	Age	R/S	Facility
Lindsay, Stephon	207044	27	B/M	Holman

**ALABAMA DEPARTMENT OF CORRECTIONS
MENTAL HEALTH SERVICES**

PSYCHIATRIC EVALUATION

PAGE 1

Referred by:

Admission to Institution Mental Health Staff Medical Staff Other Psych Assoc

Reason for Referral (Presenting Problem):

See Referral - broke down under prog review. Hx molestation.
Sexual preoccupations.

Psychiatric History (inpatient/outpatient/medications prescribed):

27 yo BM 14-or younger YMOM (Sent sis for Nintendo⁴ duck hunting gun; stepdad thought wanted his gun. Beat pt up.) Ø YMOM until Kilby, nb meds. Was to Flu (would have), but parents didn't.

FH: Ø Y hosps; Mom YMOM; Ø suicide.
"some needed," ? meds/tx.
AA.

Pertinent Medical History: NKA. On no meds.

Substance Abuse History:

MJ - 15yo. Last this year. Not daily.

E1OH on street.

Ø inj.

Pertinent Personal/Family History (inmate's sentence): First incarceration.
120 yrs; Oct/Nov 3 2008

Gadsden Ø wife/GF/kids. Father, only support.

Institutional Adjustment (current placement): Holman x 5-6 yrs, Draper x "mos"
Ventress x >1 yr, Holman x 13 mos, St Clair x 14-15 mos,
Kilby x 2 wks, Co x 9 mos.

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Inmate Name

Hindsay, Stephon

AIS #

207044

**ALABAMA DEPARTMENT OF CORRECTIONS
MENTAL HEALTH SERVICES**

PAGE 2**PSYCHIATRIC EVALUATION****Mental Status Examination:**

Appearance and Behavior: Poor eye contact.

Mood and Affect: Anxious. Tense.

Speech and Language: Soft. Responsive. Productive, but slow.

Thought Process: Logical, coherent. Magical @ times.

Page onset. Thought Content and Perceptions: Grandiose thoughts @ times (make self ascend to heaven) And hallu - conversation, derogatory, command.

Cognitive Assessment: To 9th. GED. (Holman) Paint, plants, physical labor. Ø Spec Ed, Ø disabilities.

Insight/Judgement:

Suicide/Violence Risk Assessment: X 2. 10 yo; hang self, string broke. Felt bad & beats self to punish for sexual thoughts and to not respond to command hallu.

Past Suicidal Ideation/Attempts (dates and methods): scar & stitches on face. 2nd attempt same. "Hung there for awhile - took myself down."

Current Suicidal Ideation and Behavior: Denies

Beats self to punish for sexual thoughts and to not respond to command hallu.

Past Violent/Assaultive Behavior: Admits. Last a locked up.

Responding to others' aggression.

Current Violent/Assaultive Ideas/Behavior: Denies.

Diagnostic Impression

Axis I: PTSD (molestation); self injurious behavior

Axis II: Mixed.

Axis III: No %

Axis IV: Incarceration

Axis V: 55/55

Treatment Recommendations (including medications/labs ordered/special housing)

A to SMI.

Inmate does not want meds at this time.

Stephon Lindsay

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Psychiatric Follow-Up Required Within: 30 Days

D. Carnshaw MD

A. Psychiatrist Signature

12-23-04

Date

Inmate Name

Lindsay, Stephon

AIS #

207044

DOC Form #456-01 Page 2 of 2

ALABAMA DEPARTMENT OF CORRECTIONS

MENTAL HEALTH SERVICES

REFERRAL TO MENTAL HEALTH**REASON FOR REFERRAL:** **CRISIS INTERVENTION**

- Family problem: _____
 Problems with other inmates: _____
 Recent stress: _____
 Other: _____

 EVALUATION OF MENTAL STATUS

- | | | |
|--|---|---|
| <input type="checkbox"/> Suicidal | <input checked="" type="checkbox"/> Anxious | <input type="checkbox"/> Physical Complaints |
| <input type="checkbox"/> Homicidal | <input checked="" type="checkbox"/> Depressed | <input type="checkbox"/> Sleep Disturbance |
| <input type="checkbox"/> Mutilating | <input type="checkbox"/> Withdrawn | <input type="checkbox"/> Hallucinations/Delusions |
| <input type="checkbox"/> Hostile, Angry | <input type="checkbox"/> Poor hygiene | <input type="checkbox"/> Suspicious |
| <input type="checkbox"/> Other inappropriate behavior: <i>obsessive masturbating and sexual behavior</i> | | |

 HISTORY OF PSYCHOTROPIC MEDICATION PRIOR TO INTAKE **REFERRAL TO 12 STEP PROGRAM OR WORKSHOPS (list Below)**

COMMENTS: *In Note: going down during program meetings if yes, he went on and on into fears about being molested and his sexual behavior prior to judgment in prison. He punished himself by shaving his eyebrows and himself down before a pill gall to sleep from ADOS for himself. Took a big step asking for help. Shy of seeing mental health. Season Christness may be affecting him. Psychiatric intervention is needed. May become sexual predator. May harm self seriously to stop his obsessions.*

Referred by Pearlina Hollbrook LPC Phone Contact #: 342 Date: 12/22/09

Referral for psychiatrist (referral has been screened by mental health or medical staff)

MENTAL HEALTH FOLLOW-UP: EVALUATION/TREATMENT/DISPOSITION

See Psych Eval.

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Follow-Up by: N. Earnshaw M.D.

Date: 12-23-04

Inmate Name <i>Stephen Lindsey</i>	Cell # <i>505</i>	AIS # <i>20744</i>
---------------------------------------	----------------------	-----------------------

Disposition: Medical file

Reference: ADOC AR 609,612,613,614, 627
 ADOC Form MH-008 - November 30, 2004

PSYCHOLOGICAL UPDATE

Name: Stephen L. Luey AIS#: 207049 R/S: BM
Date: 05/9/02 Date of Birth: 7/16/77 Age: _____

Inmate Luey was last evaluated by ADOC psychology staff member _____ on _____.
A diagnosis of Borderline Personality was made and the inmate was recommended for participation in Mental Health Treatment.

The following observations and recommendations are made as a result of the current interview:

I. Educational Needs

- a. ABE b. Special Education c. Trade School d. Junior College

II. Mental Health Needs

- | | | |
|--|--|--|
| <input type="checkbox"/> A. Refer to psychiatrist | <input type="checkbox"/> E. Sexual adjustment | <input type="checkbox"/> I. Self-concept enhancement |
| <input type="checkbox"/> B. Substance abuse counseling | <input type="checkbox"/> F. Reality therapy | <input type="checkbox"/> J. Healthy use of leisure |
| <input type="checkbox"/> C. Depression | <input type="checkbox"/> G. Anger-induced acting out | <input type="checkbox"/> K. Personal development |
| <input type="checkbox"/> D. Stress management | <input type="checkbox"/> H. Values clarification | |

Date referred to psychiatrist _____ / _____ / _____

III. RECOMMENDATIONS/REMARKS:

No history of mental health treatment

MENTAL HEALTH CODE: SMI HARM HIST *C* NONE

Evaluation Completed by: *Robert W. Hause Jr.* Date: 05/5/02

N-259 A (2/2001)
White to Central Records
Yellow to Institutional File
Pink to Data Entry and forwarding to Medical Record

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PSYCHOLOGICAL INTERVIEW / DATA ENTRY FORM

Name: John David Fletcher AIS #: 207044 R/S Bm
 Date: 11/18/99 DOB: 9/16/77 AGE: 22
 Beta II G7 WAIS 1 WRAT-RL 98 Last School
 MMPI Welsh 4897315201LK-F- Megargee Type Grade Completed T

General Appearance

- a. Neat and generally appropriate
- b. Poorly groomed
- c. Flat or avoiding interaction
- d. Sad or worried
- e. Other _____

I. Interpersonal Functioning

- a. Normal-good relationships likely
- b. Withdrawn / apparent loner
- c. Likely to ignore rights / needs
- d. Lacks skill or confidence
- e. Probably difficult to get along with
- f. *Other (Specify) _____ 1. _____ 2.
3. _____ 4. _____ 5. _____ 6. (See Copy) _____

II. Personality

- a. Healthy
 - b. Antisocial
 - c. Paranoid
 - d. Explosive
 - e. Dependent
 - f. Passive-Aggressive
- Other (Specify): _____ 1. Schizoid _____ 2. Schizotypal _____ 3. Histrionic _____ 4. Narcissistic
 _____ 5. Borderline _____ 6. Avoidant _____ 7. Compulsive _____ 8. Atypical/mixed
 _____ 9. See Copy (Write in your wording) By general changes. Delusional.
Poor with history.

III. Substance Abuse

- a. Alcohol addiction / abuse history Alcohol - 3 weeks.
Then 1st relapse - 3 days.
- b. Drug addiction / abuse history To relieve the anxiety.

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N-259

White to Central Records File
 Yellow to Institutional File
 Pink to Hospital Records

*See manual for selections and numbers for "other"

PHS000041

***** MMPI-2 ADULT INTERPRETIVE SYSTEM *****

developed by

Roger L. Greene, Ph.D.
Robert C. Brown, Jr., Ph.D.
and PAR Staff

-- CLIENT INFORMATION --

Client	:	Lindsay, Stephon	Age	:	22
Sex	:	Male	Marital Status	:	
Education	:		Date of Birth	:	09/06/77
File Name	:	207044			

Prepared for: DEPARTMENT OF CORRECTIONS on 11/17/99

The interpretive information contained in this report should be viewed as only one source of hypotheses about the individual being evaluated. No decisions should be based solely on the information contained in this report. This material should be integrated with all other sources of information in reaching professional decisions about this individual. This report is confidential and intended for use by qualified professionals only. It should not be released to the individual being evaluated.

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PRISON HEALTH SERVICES, INC.

YEARLY HEALTH EVALUATION

I. HISTORY - (LPN or RN)

YES

NO

COMMENT(S)

Weight Change (greater 15 lbs.)

166 1/2 2-10-06

(Compare Weight Below)

Last weight at least 6 months ago

Persistent Cough

Chest Pain

Blood in Urine or Stool

Difficult Urination

Other Illnesses (Details)

Smoke, Dip or Chew

4 cig. a day

ALLERGIES

Weight 158 Temp 98.8 Height 6'1 Pulse 78 Resp 20 Blood Pressure 120/70

Eye Exam: 20/25 OD 20/40 OS 20/25 OU If greater than > 140/90, repeat in 1 hour.
Refer to M.D. if remains > 140/90.

II. TESTING - (LPN or RN)

RESULTS

FBS 98

Date given 4/23/07 Site LFA

Read on 4/25/07 Results 08 mm

Survey Completed

Date _____ Results _____

Date 2-18-05 Results NR

N/A

N/A

Tetanus/Diphtheria (q 10 yrs) per inmate Last Given 2007 Due 2017 at Bullock's Corners

(if done today) Site given _____ Dose _____ Lot # _____

Optometry Exam (@ 50 if not already seen) N/A

Mammogram Date N/A Results _____

(females @ 40, q 2 yrs/other M.D. order)

III. PHYSICAL RESULTS - (RN, Mid-Level, M.D.)

Class 1 (2) 3 4 5

Restrictions plate in left wrist

Heart

P/E

Lungs

W/C clear

Breast Exam

self exam taught

Rectal (yearly after 45)

Results N/A

with Hemoccult

Results _____

Pelvic and PAP (q 1 yr)

Date N/A Results _____

Facility VCF

Nurse Signature

Mark M Date 4-23-07

M.D. or Mid-Level Signature

Date 4/26/07

INMATE NAME

AIS#

D.O.B.

RACE/SEX

Lindsay, Stephen

207044

7-6-77

FEMALE B/M
CORRECTIONAL RECORD



PRISON HEALTH SERVICES, INC.

HEALTH EVALUATION

I. HISTORY – (LPN or RN)	YES	NO	COMMENT(S)
Weight Change (greater 15 lbs.) (Compare Weight Below)		✓	15 ^{ett}
Persistent Cough		✓	Last weight at least 6 months ago
Chest Pain		✓	
Blood in Urine or Stool		✓	
Difficult Urination		✓	
Other Illnesses (Details)	✓		hx of SLE
Smoke, Dip or Chew		✓	
ALLERGIES		✓	

Weight 166 Temp 97.5 Pulse 72 Resp 20 Blood Pressure 130/100
 Eye Exam: 20/20 OD 20/20 OS 20/20 OU
 If greater than > 140/90, repeat in 1 hour.
 Refer to M.D. if remains > 140/90.

II. TESTING – (LPN or RN)	RESULTS
✓ Tuberculin Skin Test (q yr)	Date given <u>2/5/06</u> Site <u>LFA</u>
Tetanus due	Read on <u>2/5/06</u> Results <u>0</u> mm
Past Positive TB Skin Test (Chest x-ray if clinical symptoms)	Survey Completed <u>N/A</u>
RPR (q 3 yrs)	Date <u>N/A</u> Results <u>N/A</u>
EKG (baseline at 35, over 45 q 3 yrs)	Date <u>2-4-05</u> Results <u>NR</u>
Cholesterol (at 35 then q 5 yrs)	<u>n/a</u>
✓ Finger Stick Blood Sugar	<u>n/a</u>
* If > than 200 repeat Finger Stick BS within 48 hours	Results <u>87</u>
Optometry Exam (@ 50 if not already seen)	Results <u>N/A</u>
Mammogram (females @ 40, q 2 yrs/other M.D. order)	<u>n/a</u>

III. PHYSICAL RESULTS – (RN, Mid-Level, M.D.)

Heart	RR <u>12</u>
Lungs	clear BL
Breast Exam	<u>0 masses</u>
Rectal (yearly after 45) with Hemoccult	Results <u>N/A</u>
Pelvic and PAP (q 1 yr)	Results <u>N/A</u>
	Date <u>N/A</u> Results <u>N/A</u>

Facility Holman Nurse Signature Delano Benjamin, M.D. Date 2/5/06

M.D. or Mid-Level Signature Delano Benjamin, M.D. Date 2/10/06

INMATE NAME	AIS#	D.O.B.	RACE/SEX
<u>Lindsay, Stephon</u>	<u>209044</u>	<u>9/6/77</u>	<u>B/M</u>

CORRECTIONAL MEDICAL SERVICES MEDICAL HISTORY AND SCREENING

INSTITUTION

INMATE NAME: <u>Lindsey, Stephen</u>		ID# <u>207044</u>	RACE: <u>B</u>	D.O.B. <u>9-6-77</u>
INMATE QUESTIONNAIRE		CURRENT MEDICAL CONDITIONS (circle terms that apply)		
1. Do you have a medical problem such as bleeding or injuries that requires immediate medical attention? 2. Have you fainted or had a head injury within past six months? 3. Have you been seen by a doctor in the past six months? 4. Do you wear glasses or contact lenses? 5. Do you have prosthesis, splint, crutches, cast or brace that you need while here? 6. Do you drink wine/beer or whiskey? How often? <u>Daily</u> How much? <u>12 oz</u> Last time? <u>12/03</u> 7. Have you had seizures or blackouts when you stop drinking? 8. Do you use drugs? Type <u>Marijuana</u> How often? <u>1x</u> Last time <u>12/03</u> 9. Have you had withdrawal problems when you stop taking drugs? 10. Are you currently detoxing? If yes, from what substance? 11. Do you have any medical problems we should know about? 12. Have you been in this facility before?		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unconscious <input type="checkbox"/> Disoriented <input type="checkbox"/> Intoxicated <input type="checkbox"/> Lesions <input type="checkbox"/> Obvious Pain <input type="checkbox"/> Bruises <input type="checkbox"/> Fever <input type="checkbox"/> Nausea <input type="checkbox"/> Uses Tobacco <input type="checkbox"/> <i>NA</i> Skin Infection <input type="checkbox"/> Restricted Mobility <input type="checkbox"/> Skin Rash <input type="checkbox"/> Jaundice <input type="checkbox"/> Needle Marks <input type="checkbox"/> Swollen Glands <input type="checkbox"/> Active Cough <input type="checkbox"/> Vaginal/Penile Discharge <input type="checkbox"/> Dental Problems <input type="checkbox"/>		
		MEDICAL HISTORY (circle terms that apply)		
		Arthritis <input type="checkbox"/> Diabetes <input type="checkbox"/> Seizure Disorder <input type="checkbox"/> Asthma <input type="checkbox"/> Special Diet <input type="checkbox"/> Heart Condition <input type="checkbox"/> Hypertension <input type="checkbox"/> Stomach Ulcer <input type="checkbox"/> Cancer <input type="checkbox"/> Sickle Cell Anemia <input type="checkbox"/> Emphysema <input type="checkbox"/> <i>NA</i> Frequent Diarrhea <input type="checkbox"/> Genital Sores <input type="checkbox"/> V.D. <input type="checkbox"/> Hepatitis <input type="checkbox"/> HIV+ <input type="checkbox"/> Tuberculosis <input type="checkbox"/> Persistant Sore Throat <input type="checkbox"/> Dental Problems <input type="checkbox"/> Surgeries <input type="checkbox"/> Chest Pain <input type="checkbox"/> Jaundice <input type="checkbox"/>		
MENTAL HEALTH		TB HISTORY		
13. Have you ever been hospitalized or treated for psychiatric problem? 14. Have you ever considered or attempted suicide 15. Are you feeling depressed or extremely sad? 16. Do you want to hurt yourself or someone else? 17. Are you hearing voices? If yes, what are they saying?		Ever treated with TB Drugs? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Previous PPD test? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Previous Positive Reaction? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> When <u>12/99</u> Where <u>Edmunds Co.</u> Chronic Cough/Blood <input type="checkbox"/> Fever <input type="checkbox"/> Recent Weight Loss <input type="checkbox"/> Night Sweats <input type="checkbox"/> Recent Appetite Loss <input type="checkbox"/> Fatigue <input type="checkbox"/>		
		MEDICATIONS		
		Current Medications: <i>NA</i>		
FEMALE INMATES ONLY				
18. Are you pregnant? LMP <input type="checkbox"/> 19. Do you use birth control? Type <input checked="" type="checkbox"/> 20. Have you recently had a baby, miscarriage or abortion?				
COMMENTS: (Explain "Yes" Responses)				
VITAL SIGNS		HT <u>011</u> WT <u>166</u> BP <u>110/82</u> Pulse <u>80</u> Resp <u>22</u> Temp <u>98.3</u>		
DISPOSITION:				
Referrals <u>None</u> Placement <input type="checkbox"/> Emergency Room (Pre-booking injury) <input type="checkbox"/> Infirmary <input type="checkbox"/> Emergency Room (Acute Condition) <input type="checkbox"/> Detoxification <input type="checkbox"/> Physician <input type="checkbox"/> Setting <input type="checkbox"/> Sick Call <input type="checkbox"/> Gen Population <input type="checkbox"/> Other <input type="checkbox"/>		ALLERGIES Medication Allergies: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Type: _____ Other Allergies: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Type: _____		

I acknowledge that I have answered all questions truthfully and have been told the way to obtain health services and consent to routine care provided by facility healthcare professionals. I understand that any medications not picked up within 30 days of release will be destroyed.

Inmate Signature:

Screened by:

Date:

Times

Reviewed by:

Date:

Type 2

Revised 4/28/97 (CMS 7107)

**ALABAMA DEPARTMENT OF CORRECTIONS
MENTAL HEALTH SERVICES
TREATMENT PLAN: OUTPATIENT CARE (REVIEW)**

Treatment Plan Reviewed On: 8/01/05 Treatment Plan Initiated On: 1/15/05

Inmate's Current Housing Location: Halem/Say Institution: Halem

CURRENT STATUS:

Problem #1 Self injurious behavior

Target Date for Resolution: 6 mo / ongoing

Status: Resolved No Change Modified

Outcome/Modification: Insight into behavior, wherein reduced anger to injury self

Staff Member Responsible: MHP

Frequency: monthly

Problem #2 Interruive thoughts recently became

Target Date for Resolution: ongoing

Status: Resolved No Change Modified

Outcome/Modification: Reduced flashbacks, general impact on adjustment
feel more in control

Staff Member Responsible: MHP

Frequency: monthly

Problem #3

Target Date for Resolution:

Status: Resolved No Change Modified

Outcome/Modification:

Staff Member Responsible:

Frequency:

Comments:

Inmate has improved, more in control, adjusting to
pep. - will consider change to Hail. if progress continues

Second Page attached: Yes No

Treatment Team Members

Psychiatrist: D. Earnshaw MD Date: 8-23-05
Mental Health Nurse: Garrison April Date: 8-23-05

Treatment Coordinator: Blayne G. Cope MD Date: 8-23-05

Inmate Agreement: Stephen Lindsay Date: 9-1-05
Next Treatment Plan Review by: (within six months)

Inmate Name

Lindsay Stephen

AIS #

201044

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AR462 - October 5, 2001

PHS000046

**ALABAMA DEPARTMENT OF CORRECTIONS
MENTAL HEALTH SERVICES
TREATMENT PLAN: OUTPATIENT CARE (REVIEW)**

Treatment Plan Reviewed On: 7/6/05 Treatment Plan Initiated On: 1/18/05

Inmate's Current Housing Location: Pop Institution: Holman

CURRENT STATUS:

Problem #1	<i>Self injurious behavior</i>		
Target Date for Resolution:	<i>6 months</i>		
Status:	<input type="checkbox"/> Resolved	<input type="checkbox"/> No Change	<input checked="" type="checkbox"/> Modified
Outcome/Modification:	<i>Behavior significantly decreased</i>		
Staff Member Responsible:	<i>MFP/PHD</i>		
	Frequency: <i>90/30</i>		

Problem #2	<i>Intrusive thoughts that recall traumatic events</i>		
Target Date for Resolution:	<i>6 months</i>		
Status:	<input type="checkbox"/> Resolved	<input type="checkbox"/> No Change	<input checked="" type="checkbox"/> Modified
Outcome/Modification:	<i>Client reports decrease in intrusive thoughts</i>		
Staff Member Responsible:	<i>MFP/PHD</i>		
	Frequency: <i>90/30</i>		

Problem #3			
Target Date for Resolution:			
Status:	<input type="checkbox"/> Resolved	<input type="checkbox"/> No Change	<input type="checkbox"/> Modified
Outcome/Modification:			
Staff Member Responsible:			
	Frequency:		

Comments:	<i>Client continues to function well in population - Continue therapeutic interventions</i>		
-----------	---	--	--

Second Page attached:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Treatment Team Members		
Psychiatrist:	<i>W. Earmshaw MD</i>	Date: <i>10-11-05</i>
Mental Health Nurse:	<i>Garrison LPN</i>	Date: <i>7-6-05</i>
Treatment Coordinator:	<i>L. Highway M.S.</i>	Date: <i>7/6/05</i>
Inmate Agreement:	<i>Stephen Lindsey</i>	
Next Treatment Plan Review by:	(within six months)	

Inmate Name	AIS #
<i>Lindsey, Stephen</i>	<i>207044</i>

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AR462– October 5, 2001

PHS000047

**ALABAMA DEPARTMENT OF CORRECTIONS
MENTAL HEALTH SERVICES
TREATMENT PLAN: OUTPATIENT CARE**

Treatment Plan Initiated On: 1/18/05 Treatment Coordinator: Leslie Dool M.S.

Inmate's Housing Location: Bog Institution: Holman

DSM IV Diagnosis:

Axis I: PTSD (posttraumatic) self injurious behavior

Axis II: Mixed

Axis III: Review Chart

Axis IV: cyclothymic

Axis V: ASL - 55

Problem #1 Self-injurious behavior

Goal: Eliminate attempts at self-injury

Target Date for Resolution: 6 months

Intervention: 1. Identify life factors that precede self-injurious behavior.
2. Assist in developing appropriate strategies to deal w/ other

Staff Member Responsible: MHP / PHD Frequency: See 30

Problem #2 Intrusive thoughts that recall traumatic events

Goal: Reduce neg. impact that posttraumatic has had on many aspects of life & return to previous level of func.

Target Date for Resolution: 6 months

Intervention: 1. Practice & implement relaxation training as a coping mechanism for dealing w/ stress, panic, anxiety
2. Replace neg. self defeating thoughts w/ Positive

Staff Member Responsible: accrue self esteem Frequency: See 30

MHP / PHD

Problem #3

Goal:

Target Date for Resolution:

Intervention:

Staff Member Responsible:

Frequency:

Second Page attached: Yes No

Treatment Team Members

Psychiatrist: Dr. Eganham M.D. Date: 1-18-05

Mental Health Nurse: Leslie Dool M.S., LPN Date: 1-18-05

Treatment Coordinator: Leslie Dool M.S. Date: 1/18/05

Inmate Agreement: Stephan Lindsey Date: 1/18/05

Treatment Plan Review by: _____ (within six months)

Inmate Name

AIS #

Stephan Lindsey

207044

ALDOC Form 462-01

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**PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST**

Print Name: Stephan Lindsay Date of Request: 1. 27. 05
 ID # 207044 Date of Birth: 9. 6. 77 Location: 3 Cell B-71-T
 Nature of problem or request: I have a tooth that needs to be pulled. It's a tooth that was filled in the past. Sometime my gums bleed in the area of my mouth where the tooth is located.

Stephan Lindsay
 Signature

DO NOT WRITE BELOW THIS LINE

Date: 2/13/05
 Time: _____ AM PM
 Allergies: _____

RECEIVED
 Date: 1-25-05
 Time: 1200
 Receiving Nurse Initials h

(S)ubjective: Same as above

(O)bjective (V/S): T: P: R: BP: WT:
 (O)bjective (V/S): T: P: R: BP: WT:

(A)ssessment: Pt needs exam to check for Ext or adjustment of filling

(P)lan: Pt to be sched. for dental TX.

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
 CIRCLE ONE
 Check One: ROUTINE EMERGENCY
 If Emergency was PHS supervisor notified: Yes No
 Was MD/PA on call notified: Yes No FOR PROFESSIONAL USE ONLY
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K. Stephan

SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE
 YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT

**CORRECTIONAL MEDICAL SERVICES
HEALTH SERVICES REQUEST FORM**

Print Name: Stephen Lindsay Date of Request: 12-4-2000

ID #: 207044 Date of Birth: 9-6-77 Housing Location: C1-213

Nature of problem or request: I have two cavities that I hereby ask
to have filled? THANK YOU.

I consent to be treated by health staff for the condition described.

Stephen Lindsay
SIGNATURE

**PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA
DO NOT WRITE BELOW THIS AREA**

HEALTH CARE DOCUMENTATION

Subjective:

Objective: BP _____ P _____ R _____ T _____

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Assessment: Cavus #29 & 32

Plan: Gp #29 & 32

to pay second

Refer to: PA/Physician Mental Health Dental

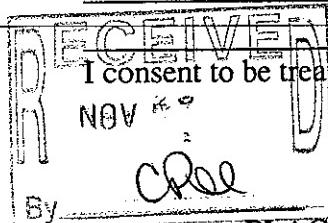
Signature: Stephen Lindsay Title: Dentist Date: 12/6/01 Time: 1000

**CORRECTIONAL MEDICAL SERVICES
HEALTH SERVICES REQUEST FORM**

Print Name: Stephan Lindsay Date of Request: 12-11-2000

ID #: 207044 Date of Birth: 9-6-77 Housing Location: _____

Nature of problem or request: I have two cavities that I hereby ask to be filled? THANK YOU.



I consent to be treated by health staff for the condition described.

Stephan Lindsay
SIGNATURE

**PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA
DO NOT WRITE BELOW THIS AREA**

HEALTH CARE DOCUMENTATION

Subjective:

Objective: BP ____ P ____ R ____ T ____

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Assessment:
Plan:
11/30/00 2:15pm seg unable to bring at this time - will call for again

12/1/00 - go #16 op

Refer to: PA/Physician Mental Health Dental

Signature: Cpol Title: _____ Date: 12/1/00 Time: 045

CORRECTIONAL MEDICAL SERVICES
HEALTH SERVICES REQUEST FORM

10-4-000²

Print Name: STEPHON LINDSAY Date of Request: _____

ID #: 207044 Date of Birth: 9-6-77 Housing Location: R1-207

Nature of problem or request: I HAVE 3 CAVITIES THAT ARE TROUBLING ME.
AND WITH THIS SICK CALL SLIP, I ASK TO HAVE THE CAVITIES THAT ARE
TROUBLING ME FILLED.

I consent to be treated by health staff for the condition described.

Stephon Lindsay
SIGNATURE

PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA
DO NOT WRITE BELOW THIS AREA

HEALTH CARE DOCUMENTATION

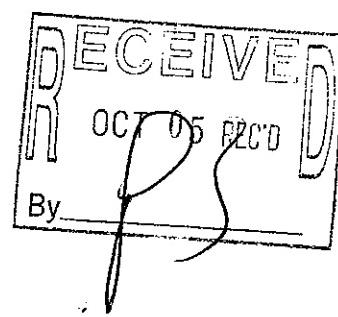
Subjective:

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Objective: BP ____ P ____ R ____ T ____

Assessment:

Plan:



Refer to: PA/Physician Mental Health Dental

Signature: CPel Title: _____ Date: 10/6/00 Time: _____

CORRECTIONAL MEDICAL SERVICES
HEALTH SERVICES REQUEST FORM

Print Name: Stephen Lindsay Date of Request: 12 - 7 - 99

ID #: 207044 Date of Birth: 9-6-77 Housing Location: M - Dorm

Nature of problem or request: I HAVE three teeth that I have to get pulled.
The cold weather we're experiencing in the morning makes them ache
I also have three other teeth that are bothering me. These three
need cleaning. The gum around these three teeth bleed and ache a lot.
I consent to be treated by health staff for the condition described.

Stephen Lindsay
SIGNATURE

PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA
DO NOT WRITE BELOW THIS AREA

HEALTH CARE DOCUMENTATION

Subjective:

Objective: BP ____ P ____ R ____ T ____

Assessment:

FOR PROFESSIONAL USE ONLY
CONFIDENTIAL RECORD
NOT TO BE PHOTO COPIED

Plan:

No Show

Refer to: PA/Physician Mental Health Dental

Signature: M. Sezine Title: RDT Date: 12-8-99 Time: 2:00pm

AL**DEPARTMENT OF CORRECTIONS****RADIOLOGY SERVICES REQUEST AND REPORT**INSTITUTION: Bullock

Name: Lindsay Stephon
 State ID No: 207044
 DOB: 9-6-77
 Race: Blk Sex: Male

NOTE: PERTINENT CLINICAL INFORMATION AND TENTATIVE DIAGNOSIS MUST BE PROVIDED FOR X-RAY EXAMINATION TO BE PERFORMED

Referring Physician/PAMP <u>Sidney</u>	Date of Request <u>1/8/07</u>	Time of request	Location	Priority	Transportation or special needs
---	----------------------------------	-----------------	----------	----------	---------------------------------

HISTORY/DIAGNOSIS:

X-Ray L forearm & L lower leg
Fracture mid shaft
of Tib/Fib

X-RAY REQUEST					
ABDOMEN/GENITAL	FINGERS	MAMMOGRAPHY	SOFT TISSUE STUDIES		
ACROMIO-CLAVICULAR JOINT (ANTO- POSTERO)	FOOT	OBESITY	STERNUM		
ANKLE	HAND	OB CALCIUS (HEEL)	TEMPORO-MANDIBULAR JOINTS		
CERVICAL SPINE	HIP	PELVIS	THORACIC SPINE		
CREST PA / LATERAL	HUMERUS	PLATE/SCREW (C)	TMJ/ARTICUL		
COCCCIX	KNEE	PROSTHESIS	TORSO		
DOWN DOWNTILLA TORCICA	LUMBAR SPINE	SYACROILIAC JOINTS	WRIST		
EDDOW 11/10/07	MANDIBLE	SCAPULA	ZYGOAMA		
FACIAL BONES	MAXILLA	SHOULDER	ZYGOMATIC ARCH		
FEMUR	NASAL BONES	SKULL			

REPORT

Lindsay

TIBIA AND FIBULA: There is no evidence of any definite bony abnormality. The AP View, however is underpenetrated, which limits evaluation of the tibia and fibula. If symptoms persist, follow up would be suggested.

LEFT FOREARM: There is a transverse fracture involving the distal shaft of the left ulna with mild deformity at the fracture site. No other fractures are identified.

IMPRESSION: ACUTE FRACTURE DISTAL LEFT ULNAR SHAFT.

D & T: 01-11-07 Howard P. Schiele, M.D./km Board Certified Radiologist (Signature on file)

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X-RAY TECHNOLOGIST'S NAME (PRINT)

X-RAY TECHNOLOGIST'S SIGNATURE

DATE, TIME EXAM PERFORMED

RADIOLOGIST'S NAME (PRINT)

RADIOLOGIST'S SIGNATURE

DATE SIGNED

PHS000054

AL

DEPARTMENT OF CORRECTIONS

Name: Lindsey StephanState ID No: 257044DOB: 9-6-77Race: B Sex: M

RADIOLOGY SERVICES REQUEST AND REPORT

INSTITUTION: Bullock

NOTE: PERTINENT CLINICAL INFORMATION AND TENTATIVE DIAGNOSIS MUST BE PROVIDED FOR X-RAY EXAMINATION TO BE PERFORMED

Requesting Physician/PA/NP	Date of request	Time of request	Routine	Priority	Transportation or special needs
<u>Dr. Schildig</u>	<u>1-31-06</u>				

HISTORY/DIAGNOSIS:

X-ray L arm through
partial cast

X-RAY REQUEST

ABDOMEN/KUB	FINGERS	NAVICULAR VIEW	SOFT TISSUE STUDIES
ACROMIO-CLAVICULAR JOINTS (W/NO WEIGHT)	FOOT	ORBITS	STERNUM
ANGLE	HAND	OS CALCIS (HEEL)	TEMPORO-MANDIBULAR JOINTS
CERVICAL SPINE	HIP	PELVIS	THORACIC SPINE
CHEST PA / LATERAL	HUMERUS	RADIAL/ULNA	TIBIA/FIBULA
COCCIX	KNEE	RIBS	TOES
COME DOWN SELLA TURICA	LUMBAR SPINE	SACRO-ILIAC JOINTS	WRIST (C) <i>(circle C)</i>
ELBOW	MANDIBLE	SCAPULA	Zygoma
FACIAL BONES	MAXILLA	SHOULDER	ZYGOMATIC ARCH
FEMUR	NASAL BONES	SKULL	From left

REPORT

Lindsey

LEFT WRIST: The left wrist area is enclosed in a splint fixing the fracture of the distal ulnar. The wrist itself appears to be intact on the basis of these films.

IMPRESSION: POSTSURGICAL CHANGES INVOLVING THE DISTAL ULNAR THAT REMAINS IN GOOD POSITION AND ALIGNMENT.

D & T: 02-01-07 Maurice H. Rowell/km Board Certified Radiologist (Signature on file)

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X-RAY TECHNOLOGIST'S NAME (PRINT)

X-RAY TECHNOLOGIST'S SIGNATURE

DATE, TIME EXAM PERFORMED

RADIOLOGIST'S NAME (PRINT)

RADIOLOGIST'S SIGNATURE

DATE SIGNED

BioReference
LABORATORIES

D O C T O R (A0112-6)	BULLOCK CORR. FAC. 104 BULLOCK DR. HWY.82 UNION SPRINGS, AL 36089 Bio-Net Print	BOOK/CASE: -FINAL- Original Report 01/17/2007			
NAME LINDSAY, STEPHON	PATIENT I.D. / ROOM NO. 207044.383	DOCTOR / GROUP NAME SIDDIQ, TAHIR			
LAB I.D. NO. 103464284	DATE COLLECTED 01/16/2007 11:04 AM	DATE RECEIVED 01/17/2007 10:38	DATE OF REPORT 1/17/2007 10:38	AGE 29 Y	SEX M

Test Description	Result	Abnormal	Reference Range
------------------	--------	----------	-----------------

Tests Ordered : CBC W/DIFF & PLTS,

-----* HEMATOLOGY *-----

WBC	6.6	3.40-11.80	x10(3)
RBC	5.2	4.20-5.90	x10(6)
HGB	14.8	12.3-17.0	gm/dl
HCT	45.5	39.3-52.5	%
MCV	87.0	80.0-100.0	fL
MCH	28.3	25.0-34.1	pg
MCHC	32.5	30.0-35.0	gm/dl
RDW	13.1	10.9-16.9	%
POLYS	49	36-78	%
LYMPHS	38	12-48	%
EOS	4	0-8	%
BASOS	1	0-2	%
MONOS	8	0-13	%
Platelet Count	237	144-400	x10(3)

Final Report

Page: 1

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James Weisberger, M.D.
LABORATORY DIRECTOR

481 EDWARD H. ROSS DR.
ELMWOOD PARK, NJ 07407
1-800-229-LABS
42PH6000056

01/16/2007 TUE 9:13 FAX 334 88 8756 BULLOCK CORRECTIONAL FAC 4002/002

UTILIZATION MANAGEMENT REFERRAL REVIEW FORMForm must be Complete and Legible. You must Type or Print
Please send this form with the Authorization Letter to the Service provider at the time of the Appointment

PHS

DEMOGRAPHICS			
Site Name & Number: BULLOCK 832	Patient Name: (Last, First) Lindsay Stephan	Date: (mm/dd/yy) 01/16/06	RECEIVED JAN 16 2006
Site Phone #: (334) 738-5625	Alias: (Last, First)	Date of Birth: (mm/dd/yy) 09/06/77	
Site Fax #: (334) 738-8763	Inmate # 207044	PNS Custody Date: (mm/dd/yy) 00/00/00	
Will there be a charge? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Potential Release Date: (mm/dd/yy) 00/00/00	
Responsible party: <input checked="" type="checkbox"/> PHS <input type="checkbox"/> Auto Inc.		<input type="checkbox"/> Health Ins. (Excludes Medicare/Medicaid Managed Care alternative plans) <input type="checkbox"/> Other, be specific (Excludes Medicare, Medicaid and Veterans Administration Services)	
CLINICAL DATA			
Requesting Provider: <input checked="" type="checkbox"/> Physician <i>DR</i>	NP, PA <i>DR</i>	Dental	History of Illness/Injury/Symptoms with Date of Onset: <i>Inmate is fractured forearm during surgery on 1/19/07</i>
Facility Medical Director Signature and Date: <i>DR</i>			
<input type="checkbox"/> Service meets criteria for "approval via protocol"			
Place a check mark (✓) in the Service Type requested (one only) and complete additional applicable fields.			
<input type="checkbox"/> Out-Pat (OP)	<input type="checkbox"/> X-ray (XR)	<input type="checkbox"/> Scheduled Admission (SA)	Results of a complaint directed physical examination: <i>Fractured ulna</i>
<input checked="" type="checkbox"/> Outpatient Surgery (OS)	<input type="checkbox"/> Dialysis (DA)	<input type="checkbox"/> Routine <input type="checkbox"/> Urgent	
Estimated Date of Service (mm/dd/yy) <i>1/16/06</i>		(This starts the approval window for the "open authorization period")	
Multiple Visits/Treatments:		<input type="checkbox"/> Radiation therapy <input type="checkbox"/> Chemotherapy <input type="checkbox"/> Other:	
Number of Visits/Treatments:			
Specialist referred to: <i>Ortho East Dr Chang</i>			
Type of Consultation, Treatment, Procedure or Surgery: <i>Dr Chang 813.82 Adm</i>			
Diagnosis: <i>fractured ulna</i>			
ICD-9 code:			
You must include copies of pertinent reports such as lab results, X-ray interpretations and specialty consult reports with this form.			
<input type="checkbox"/> Patient Documents have been attached and faxed.			
For security and safety, please do not inform patient of possible follow-up appointments			
UM DETERMINATION:			
<input type="checkbox"/> Alternative Treatment Plan (explain here): <input type="checkbox"/> More Information Requested: (See Attached) <input type="checkbox"/> Resubmitted with requested information.			
Regional Medical Director Signature, printed name and date required: <i>DR</i>		<input type="checkbox"/> Office Service Recommended and Authorized Data resubmitted: <i>1/16/06</i>	
Do not write below this line. For Case Manager and Corporate Data Entry ONLY:			
Cert. Type: DS DS	Spec. Class: 25560	CPT code: 25560	UR Auth #: 16867782

05a - UM Referral review form

ID met

UTILIZATION MANAGEMENT REFERRAL REVIEW FORM

Form must be Complete and Legible. You must Type or Print.

Please send this form with the Authorization Letter to the service provider at the time of the Appointment

**DEMOGRAPHICS**

Site Name & Number:

BULLOCK 832

Patient Name (Last, First)

Lindsay Stephan

Date: (mm/dd/yy)

01/25/07

RECEIVED

Site Phone #

(334) 738-5625

Attn: (Last, First)

Date of Birth: (mm/dd/yy)

09/06/77

RECEIVED

Site Fax #

(334) 738-8763

Inmate #

207044

PHS Custody Date: (mm/dd/yy)

/ /

JAN

Potential Release Date: (mm/dd/yy)

00/00/00

2017

Will there be a charge?

 Yes No

Sex

 Male Female Health Ins. (Excludes Medicare/Medicaid Managed Care alternative plans) Other, be specific (Excludes Medicare, Medicaid and Veterans Administration Services):

Responsible party:

 PMS Auto Inc.**CLINICAL DATA**

Requesting Provider:

 Physician NP, PA Dental

Facility Medical Director Signature and Date:

 Service meets criteria for "Approval via protocol"

Place a check mark (✓) in the Service Type requested (one only) and complete additional applicable fields.

 Office Visit (OV) X-ray (XR) Scheduled Admission (SA) Outpatient Surgery (OS) Dialysis (DA) Routine Urgent

Estimated Date of Service (mm/dd/yy)

(This starts the approval window for the "open authorization period")

Multiple Visits/Treatments: Radiation therapy ChemotherapyNumber of Visits/Treatments: other

Specialist referred to: Dr. Chung S.H.

Type of Consultation, Treatment, Procedure or Surgery:

Diagnosis:

ICD-9 code:

You must include copies of pertinent reports such as lab results, my interpretations and specialty consult reports with this form.

 Pertinent Documents have been attached and filed.

UM DETERMINATION:

 Office Service Recommended and Authorized Alternative Treatment Plan (explain here): More Information Requested: (See Attached) Resubmitted with requested information.Regional Medical Director Signature,
printed name and date required:

Date resubmitted:

FOR PROFESSIONAL USE ONLY**CONFIDENTIAL RECORD****NOT TO BE PHOTOCOPIED**

1/22/07

Do not write below this line. For Case Manager and Corporate Data Entry ONLY.

Cert Type:

Med Class:

CPT code:

99084

UR/Auth:

16878343

PRISON HEALTH SERVICES: AUTHORIZATION LETTER
 Case 2:07-cv-00399-WC Document 21-4 Filed 07/23/2007 Page 60 of 100

Patient Name:	Lindsay, Stephon	Inmate Number:	207044LI
Service Authorized:	Office Visits: Op Surgical Followup Referral	Effective Dates:	01/22/2007
Effective:	Visits authorized for 60 days from effective date.	Visits Authorized:	1
Responsible Facility:	Bullock Correctional Facility	Contact Name:	Michelle Pope
Authorization Number:	16878343	Telephone Number:	(334)395-5973 Ext 14

Note to Provider of Services:

- Medicare/Medicaid do not cover any health services provided to an inmate in custody, except in certain circumstances not applicable to this inmate.
- Authorization is diagnosis and procedure specific. Any additional tests, procedures, and inpatient or outpatient services must receive prior authorization to ensure benefit eligibility and payment. (Use above contact name and telephone number)
- Authorization for payment of service is guaranteed only if service is provided during the actual time of confinement to the referring correctional facility.
- HIPAA: Please be advised Prison Health Services, Inc. ("PHS") is not a covered entity under HIPAA's Rule on the Privacy of Individually Identifiable Health Information Standard ("Privacy Rule"). Because PHS does not engage in electronic transactions under HIPAA's Electronic Transactions and Code Set Standards ("Transaction Standards"), HIPAA's Privacy Rule does not apply to PHS.
- Payment will not be processed until we receive a clinical summary.

For Payment Please Submit Claims To:

Prison Health Services
 Attn: Claims Department
 105 West Park Drive, #200
 Brentwood, TN 37024-0967

**The consulting physician should complete this section.
 The completed form will be sealed in the attached envelope and
 returned with an officer to the correctional facility.**

Clinical Summary or Attached Report

Hu drop C ulm & eye
 Ex wound clean
 morsell f g SN spot
 P Replace splint
 ex T UK for clip removal

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***** For security and safety, please do not inform patient of possible follow-up appointments. *****

Signature of Consulting Physician:

Date _____ Time _____

Reviewed and Signed By
 Medical Director:

Date _____ Time _____

Dr. Chung
 6936 Winton Blount
 Montgomery, AL
 205-8288
 February 5 at 10 AM

01/22/2007

PHS000059

Patient Name:	Lindsay, Stephon	Inmate Number:	207044LI
Service Authorized:	Office Visits: Op Surgical Followup Referral	Effective Dates:	01/22/2007
Effective:	Visits authorized for 60 days from effective date.	Visits Authorized:	1
Responsible Facility:	Bullock Correctional Facility	Contact Name:	Michelle Pope
Authorization Number:	16878343	Telephone Number:	(334)395-5973 Ext 14

Note to Provider of Services:

- Medicare/Medicaid do not cover any health services provided to an inmate in custody, except in certain circumstances not applicable to this inmate.
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 Brentwood, TN 37024-0967

The consulting physician should complete this section.
 The completed form will be sealed in the attached envelope and returned with an officer to the correctional facility.

Clinical Summary or Attached Report

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*** For security and safety, please do not inform patient of possible follow-up appointments. ***

Signature of Consulting Physician:	Date	Time
------------------------------------	------	------

Reviewed and Signed By Medical Director:	Date	Time
---	------	------

Dr. Chung
 6936 Winton Blount
 Montgomery, AL
 360-8288
 February 5 at 10 AM

01/22/2007

PHS000060

DEMOGRAPHICS

Site Name & Number:

BULLOCK 832

Patient Name: (Last, First.)

Lindsay Stephon

Date: (mm/dd/yy)

01/23/07

Site Phone #

(334) 738-5625

Alias: (Last, First.)

Date of Birth: (mm/dd/yy)

09/06/77

Site Fax #

(334) 738-8763

Inmate #

207044

PHS Custody Date: (mm/dd/yy)

____/____/____

Will there be a charge?

 Yes No

Sex

 Male Female

SS Number

Potential Release Date: (mm/dd/yy)

00/00/00

Responsible party:

 PHS Health Ins. (Excludes Medicare/Medicaid Managed Care alternative plans) Auto Ins. Other, be specific (Excludes Medicare, Medicaid and Veterans Administration Services): _____**CLINICAL DATA**

Requesting Provider:

 Physician NP, PA Dental

Facility Medical Director Signature and Date:

Bur Service meets criteria for "Approval via protocol"

Place a check mark (✓) in the Service Type requested (one only) and complete additional applicable fields.

Office Visit (OV) X-ray (XR) Scheduled Admission (SA)
 Outpatient Surgery (OS) Dialysis (DA)

 Routine UrgentEstimated Date of Service (mm/dd/yy)

(This starts the approval window for the "open authorization period")

Multiple Visits/Treatments:

 Radiation therapyNumber of Visits/Treatments: Chemotherapy Other: _____

Specialist referred to:

Dr. Chung

Type of Consultation, Treatment, Procedure or Surgery:

*Dr. Chung**Fractional forearm (ORIF)*Diagnosis: ICD-9 code:

You must include copies of pertinent reports such as lab results, x-ray interpretations and specialty consult reports with this form.

 Pertinent Documents have been attached and faxed.

History of illness/injury/symptoms with Date of Onset:

Pt after surgery to fractured forearm

Results of a complaint directed physical examination:

BSR

Previous treatment and response (including medications):

Schell

For security and safety, please do not inform patient of possible follow-up appointments

UM DETERMINATION:

 Offsite Service Recommended and Authorized Alternative Treatment Plan (explain here): More Information Requested: (See Attached) Resubmitted with requested information.Date resubmitted:

**FOR PROFESSIONAL USE ONLY
CONFIDENTIAL RECORD
NOT TO BE PHOTOCOPIED**
(mm/dd/yy)

Do not write below this line. For Case Manager and Corporate Data Entry ONLY.

Cert Type:

Med Class:

CPT code:

UR Auth #:



STATE OF ALABAMA INMATE HEALTHCARE AUTHORIZATION

Enrollment

Telephone (334) 833-5948
Toll Free (866) 853-1384
Fax (334) 240-1488

Blue Cross Blue Shield of Alabama
(877) 231-7239

Prison Health Services
Telephone (334) 395-5973
Toll Free (877) 279-1335
Fax (334) 395-8156

1/30/2007

Inmate Name	LINDSAY, STEPHON	Inmate #	00207044
Facility Name	BULLOCK CORRECTIONAL FACILITY		
Facility Address1	POB 5107		
Facility Address2			
City	UNION SPRINGS		
State	AL		
Zipcode	36089		

* Attention Health Care Provider *

For Hospital/Facility Claims:

All facility claims for inpatient and outpatient services should be submitted directly to Blue Cross and Blue Shield of Alabama. Please submit your facility charges to Blue Cross under group **57688** with contract number **XAJ624592946** as you currently do for all other Blue Cross subscribers. This process applies to facility charges only and does not include physician services.

Utilization Management Review:

All concurrent in-patient reviews must be provided to PHS Regional Office in Montgomery. The contact person is Michelle Pope, Utilization Management Coordinator. (334) 395-5973 Ext 14

For charges not covered under SEIB - BC/BS Program:

For Payment, Please Submit Claims with Inmate number to:
Prison Health Services
P.O.Box 967
Brentwood TN 37024-0967

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NOT TO BE PHOTOCOPIED

- Medicare/Medicaid does not cover any health services provided to an inmate in custody, except in certain circumstances not applicable to this inmate.
- Authorization is diagnosis and procedure specific. Any additional tests, procedures, and inpatient or outpatient services must receive prior authorization to ensure benefit eligibility and payment. (Use above contact name and telephone number).
- Authorization for payment of service is guaranteed only if service is provided during the actual time of confinement to the referring correctional facility.
- HIPAA: Please be advised Prison Health Services, Inc. ("PHS") is not a covered entity under HIPAA's Rule on the Privacy of Individually Identifiable Health Information Standard ("Privacy Rule"). Because PHS does not engage in electronic transactions under HIPAA's Electronic Transactions and Code Set Standards ("Transaction Standards"), HIPAA's Privacy Rule does not apply to PHS.
- Payment will not be processed until a clinical summary is received.

UTILIZATION MANAGEMENT REFERRAL REQUEST FORM

Form must be Complete and legible. You must Type or Print.
Please send this form with the Authorization Letter to the service provider at the time of the Appointment.

DEMOGRAPHICS

Site Name & Number: BULLOCK 832	Patient Name: (Last, First) Lindsay Stephen	Date (mm/dd/yy) 01/16/01/07
Site Phone #: (334) 738-5625	Address: (Last, First) 107044	Date of Birth: (mm/dd/yy) 09/06/77
Site Fax #: (334) 738-8763	Initials #: SS Number	PHS Custody Date: (mm/dd/yy) 00/00/00
Will there be a charge? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Note <input type="checkbox"/> Faculty	Potential Release Date: (mm/dd/yy) 00/00/00	
Responsible party: <input checked="" type="checkbox"/> PHS <input type="checkbox"/> Auto Inc.	<input type="checkbox"/> Health Institutes/Medicaid/Medical Care Alternative Plan <input type="checkbox"/> Other, to be specified (Includes Medicare, Medicaid and Veterans Administration Services)	

CLINICAL DATA

Referring Provider: <input checked="" type="checkbox"/> Physician <input type="checkbox"/> NP, PA <input type="checkbox"/> Doctor	History of illness/injury by diagnoses with date of onset: Inmate is fractured ulnar shaft
Facility Medical Director Signature and Date:	Results of a complaint directed physical examination: Dressing
<input type="checkbox"/> Service needs criteria met "approved via protocol"	Previous treatment and response (including medications): Adm
Place a check mark (✓) in the Service Type requested (one only) and complete additional applicable fields.	
<input checked="" type="checkbox"/> Office Visit (IV) <input type="checkbox"/> X-ray (IV) <input type="checkbox"/> Scheduled Admission (SA) <input type="checkbox"/> Outpatient Surgery (OS) <input type="checkbox"/> Radiology (R) <input type="checkbox"/> Radios <input type="checkbox"/> Ultrasound	Estimated Date of Service (mm/dd/yy): (This starts the approval window for the "open authorization period")
Multiple Visit/Treatments:	
Number of Visits/Treatments:	
Specialist referred to: Dr. Chung	
Type of Consultation, Treatment, Procedure or Surgery: Dr Chung	
Diagnosis: Fractured ulna (ICD-9 code:)	
You must include copies of pertinent reports such as lab results, x-ray interpretations and specialty consult reports with this form: <input type="checkbox"/> Patient documents have been attached and listed	
USA DETERMINATION <input type="checkbox"/> Alternative Treatment Plan (explain here) <input type="checkbox"/> Prior Information Requested (See Attached) <input type="checkbox"/> Reconciled with requested information. Regional Medical Director Signature, printed name and date required: [Signature]	
<input checked="" type="checkbox"/> Office Service Recommended and Authorized Data recipient: [Signature]	
FOR PROFESSIONAL USE ONLY CONFIDENTIAL RECORD NOT TO BE PHOTOCOPIED	
Do not write below this line. For Case Manager and Corporate Data Entry ONLY. Date Type: OH OV Date: 09/06/01 URA# 10851579	

RECEIVED JAN 10 2007

E0701800445 LINDSAY,STEPHON
DOB: 09/06/77 Age:29Y MR #:297831
Admit Date/Time: 01/19/07 0916A
2015 CHUNG,TAI Q

%



PART I PHYSICIAN'S ORDERS

Height: _____ Weight: _____

Drug Sensitivities and Allergies NKDA Yes, list: _____**New Admissions Only:**

- 1. Diagnosis:**
2. Admit Status: Inpatient Admission Outpatient Status Observation Status

Date	Time	
		Dh
1/19/07		Please make a Xerox copy of my order for the attending to return to the facility
		① Elevate C/S arm
		② Change dressing pa
		Paq split on
		③ Verdin to go to L program
		Cephalexin 500 mg po qid x 2d
		④ Bottom back bed
		⑤ See me in F.W.
		Black W
		1/19/07
		1/19/07
		Physician Signature: <i>[Signature]</i> 1/19/07

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The following abbreviations are not to be written or used!



PH 350

Q.O.D., QOD, q.o.d, qod	Trailing zero (X.0 mg)	Lack of leading zero (.X mg)	MS	MSO4	MgSO4	U	q.d., QD, qd	IU
-------------------------	---------------------------	---------------------------------	----	------	-------	---	--------------	----

Form #PH 35001 Revised 11/18/05

Patient Name:	Lindsay, Stephon	Inmate Number:	207044LI
Service Authorized:	Outpatient Surgery: Op One Day Surgery	Effective Dates:	01/16/2007
Effective:	Visits authorized for 60 days from effective date.	Visits Authorized:	1
Responsible Facility:	Bullock Correctional Facility	Contact Name:	Michelle Pope
Authorization Number:	16867782	Telephone Number:	(334)395-5973 Ext 14

Note to Provider of Services:

- Medicare/Medicaid do not cover any health services provided to an inmate in custody, except in certain circumstances not applicable to this inmate.
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- Payment will not be processed until we receive a clinical summary.

For Payment Please Submit Claims To:

Prison Health Services
 Attn: Claims Department
 105 West Park Drive, #200
 Brentwood, TN 37024-0967

The consulting physician should complete this section.
 The completed form will be sealed in the attached envelope and returned with an officer to the correctional facility.

Clinical Summary or Attached Report

**FOR PROFESSIONAL USE ONLY
 CONFIDENTIAL RECORD
 NOT TO BE PHOTOCOPIED**

*** For security and safety, please do not inform patient of possible follow-up appointments. ***

Signature of Consulting Physician:	Date	Time
------------------------------------	------	------

Reviewed and Signed By Medical Director:	Date	Time
---	------	------

Baptist East Hospital - Dr. Chung
 Montgomery, AL
 January 19 at 9:30
 Surgery

01/17/2007

PHS000065

DEMOGRAPHICS

Site Name & Number:

BULLOCK 832

Site Phone #

(334) 738-5625

Site Fax #

(334) 738-8763

Patient Name: (Last, First)

Lindsay Stephan

Alias: (Last, First)

Inmate #

207044

SS Number

Date: (mm/dd/yy)

01/16/06

Date of Birth: (mm/dd/yy)

09/06/77

PHS Custody Date: (mm/dd/yy)

____/____/____

Potential Release Date: (mm/dd/yy)

00/00/00

Will there be a charge?

 Yes No

Sex

 Male Female

Responsible party:

 PHS Auto Ins. Health Ins. (Excludes Medicare/Medicaid Managed Care alternative plans) Other, be specific (Excludes Medicare, Medicaid and Veterans Administration Services): _____

CLINICAL DATA

Requesting Provider: Physician NP, PA Dental

Facility Medical Director Signature and Date:

 Service meets criteria for "approval via protocol"

Place a check mark (✓) in the Service Type requested (one only) and complete additional applicable fields.

 Office Visit (OV) X-ray (XR) Scheduled Admission (SA) Outpatient Surgery (OS) Dialysis (DA) Routine UrgentEstimated Date of Service (mm/dd/yy)

(This starts the approval window for the "open authorization period")

Multiple Visits/Treatments: Radiation therapy ChemotherapyNumber of Visits/Treatments: Other: _____

Specialist referred to:

Baptist East - Dr. Chung

Type of Consultation, Treatment, Procedure or Surgery:

Dr. Chung

Diagnosis:

fractured ulna

ICD-9 code:

You must include copies of pertinent reports such as lab results, x-ray interpretations and specialty consult reports with this form.

 Pertinent Documents have been attached and faxed. Offsite Service Recommended and Authorized Alternative Treatment Plan (explain here): More Information Requested: (See Attached) Resubmitted with requested information.

Data resubmitted:

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CONFIDENTIAL RECORD

NOT TO BE PHOTOCOPIED

(mm/dd/yy)

Do not write below this line. For Case Manager and Corporate Data Entry ONLY.

Cert Type:

Med Class:

CPT code:

UR Auth #:



STATE OF ALABAMA INMATE HEALTHCARE AUTHORIZATION

Enrollment

Telephone (334) 833-5948
Toll Free (866) 853-1384
Fax (334) 240-1488

Blue Cross Blue Shield of Alabama
(877) 231-7239

Prison Health Services
Telephone (334) 395-5973
Toll Free (877) 279-1335
Fax (334) 395-8156

1/16/2007

Inmate Name	LINDSAY , STEPHON	Inmate #	00207044
Facility Name	BULLOCK CORRECTIONAL FACILITY		
Facility Address1	POB 5107		
Facility Address2			
City	UNION SPRINGS		
State	AL		
Zipcode	36089		

* Attention Health Care Provider *

For Hospital/Facility Claims:

All facility claims for inpatient and outpatient services should be submitted directly to Blue Cross and Blue Shield of Alabama. Please submit your facility charges to Blue Cross under group **57688** with contract number **XAJ624592946** as you currently do for all other Blue Cross subscribers. This process applies to facility charges only and does not include physician services.

Utilization Management Review:

All concurrent in-patient reviews must be provided to PHS Regional Office in Montgomery. The contact person is Michelle Pope, Utilization Management Coordinator. (334) 395-5973 Ext 14

For charges not covered under SEIB - BC/BS Program:

For Payment, Please Submit Claims with Inmate number to:
Prison Health Services
P.O.Box 967
Brentwood TN 37024-0967

**FOR PROFESSIONAL USE ONLY
CONFIDENTIAL RECORD
NOT TO BE PHOTOCOPIED**

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- Authorization for payment of service is guaranteed only if service is provided during the actual time of confinement to the referring correctional facility.
- HIPAA: Please be advised Prison Health Services, Inc. ("PHS") is not a covered entity under HIPAA's Rule on the Privacy of Individually Identifiable Health Information Standard ("Privacy Rule"). Because PHS does not engage in electronic transactions under HIPAA's Electronic Transactions and Code Set Standards ("Transaction Standards"), HIPAA's Privacy Rule does not apply to PHS.
- Payment will not be processed until a clinical summary is received.

Patient Name:	Lindsay, Stephon	Inmate Number:	207044LI
Service Authorized:	Office Visits: Op Orthopedics Referral	Effective Dates:	01/10/2007
Effective:	Visits authorized for 60 days from effective date.	Visits Authorized:	1
Responsible Facility:	Bullock Correctional Facility	Contact Name:	Michelle Pope
Authorization Number:	16851579	Telephone Number:	(334)395-5973 Ext 14

Note to Provider of Services:

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- Payment will not be processed until we receive a clinical summary.

For Payment Please Submit Claims To:

Prison Health Services
 Attn: Claims Department
 105 West Park Drive, #200
 Brentwood, TN 37024-0967

The consulting physician should complete this section.
 The completed form will be sealed in the attached envelope and returned with an officer to the correctional facility.

Clinical Summary or Attached Report

16851579 by a red 11/8/07 w/C Janice - per Dr. J. J. Jones
 Ex: P slender short hair
 ext: My jpn, skin or touch faded pulse &
 xl: right distal ulnar shaft c a 3/4 cm displaced
 l: Down upras - car vs. my. ite with supp. will schedule

*** For security and safety, please do not inform patient of possible follow-up appointments. ***

Signature of Consulting Physician:

Reviewed and Signed By
 Medical Director:

Dr. Chung
 6936 Winston Blount
 Montgomery, AL
 334-2288
 January 12 at 10:15

Date _____ Time _____

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 NOT TO BE PHOTOCOPIED

01/10/2007

PHS000068

TAI Q. CHUNG M.D.

DATE 1/14/07NAME Sybil Lindsay

PHONE _____ HOME _____ WORK _____

PROCEDURE ORIF C clav.DX Fr clav. CPT _____

WHERE _____ OUTPATIENT _____

TIME NEEDED 45'ANESTHESIA GENERAL BLOCK _____ LOCAL _____ CHOICE _____SPEICAL EQUIPMENT Small fragmt set
C-arm

ASSISTANT _____

LABS _____

BLOOD TRANSFUSIONS _____

OTHER INSTRUCTIONS _____

SURGERY OR TEST DATE _____

INSURANCE INFORMATION _____

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NOT TO BE PHOTO COPIED

Stephens Lindsay

Patient Information


**PHYSICIAN'S
ORDERS**

Height: _____ Weight: _____

Drug Sensitivities and Allergies NKDA Yes, list: _____

Date	Time	ROUTINE PRE OPERATIVE ORDERS	
		DR.	JM (AON)
1/12/07		1. Operative permit for:	<i>Open reduction and internal fixation (L) elbow</i>
		2. LAB: check appropriate diagnosis	
		A. CBC:	
		Pre op patient [V72 83]	Abdominal pain
		Long term use of medications	Other
		Fever	
		B. TYPE & SCREEN	
		C. CHEM 7:	
		Edema	Nephropathology
		Hypertensive disease	Dizziness
		Long term use of medications	Other
		Diabetic	
		D. PT PTT	
		Known or suspected	Cirrhosis hepatitis
		coagulation abnormality	CHF
		Anticoagulant therapy	Cardiac dysrhythmia
		Hemorrhage or anemia	Dysfunctional uterine bleeding
		Pulmonary congestion	Menorrhagia
		Other	
		E. DRUG LEVELS: circle appropriate drug	
		Patients taking	Digoxin Tegretol Theophylline Dilantin Depakote
		Phenobarb	
		Other	
		F. URINE PREGNANCY	
		On all menstruating females	<i>FOR PROFESSIONAL USE ONLY</i>
			<i>CONFIDENTIAL RECORD</i>
			<i>NOT TO BE PHOTOCOPIED</i>
		Physician Signature: <i>J. A. L.</i>	

Page 1 of 2

The following abbreviations are not to be written or used!



PH 350

Q.O.D., QOD, q.o.d, qod	Trailing zero (X.0 mg)	Lack of leading zero (.X mg)	MS	MSO4	MgSO4	U	q.d., QD, qd	IU
-------------------------	---------------------------	---------------------------------	----	------	-------	---	--------------	----

Form #PH 35020

Revised 11/18/05

PHS000070

Patient Information


**PHYSICIAN'S
ORDERS**

Height: _____ Weight: _____

Drug Sensitivities and Allergies NKDA Yes, list: _____

Date	Time	ROUTINE PRE OPERATIVE ORDERS	
		DR. _____	
		G. _____ UA:	
		Diabetic	Fever
		Renal glycosuria	Dysuria
		Dehydration	Abdominal & pelvic pain
		Stress incontinence	Long term use medication
		H. ADDITIONAL LAB TESTS:	
		3. EKG:	
		MVP/murmur or other	Tachycardia/palpitation
		valve disorder	Ischemic heart disease (hx MI)
		Chest pain discomfort	Dizziness
		pressure	Other
		Hypertensive disease	
		Pulmonary congestion & hypostasis (CHF)	
		Electrolyte/fluid abnormality	
		4. CHEST XRAY:	
		Existing pulmonary disease (asthma COPD etc)	
		Specify:	
		Existing cardiac disease (hypertension CHF etc)	
		Internal Injury	
		Fever	
		Cough	
		Disorders of bone & cartilage (arthritis)	
		Other	
		FOR PROFESSIONAL USE ONLY CONFIDENTIAL RECORD	
		NOT TO BE PHOTOCOPIED	
5.		Antibiotic:	
6.		<input checked="" type="checkbox"/> NPO after midnight	
7.		<input type="checkbox"/> TED or <input type="checkbox"/> SCD hose prior to surgery	
8.		Other Orders:	
9.		Anesthesia Consult <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Physician Signature:	

The following abbreviations are not to be written or used!



PH 350

Q.O.D., QOD, q.o.d, qod	Trailing zero (X.0 mg)	Lack of leading zero (.X mg)	MS	MSO4	MgSO4	U	q.d., QD, qd	IU
-------------------------	---------------------------	---------------------------------	----	------	-------	---	--------------	----

Patient Name:	Lindsay, Stephon	Inmate Number:	207044LI
Service Authorized:	Office Visits: Op Orthopedics Referral	Effective Dates:	01/10/2007
Effective:	Visits authorized for 60 days from effective date.	Visits Authorized:	1
Responsible Facility:	Bullock Correctional Facility	Contact Name:	Michelle Pope
Authorization Number:	16851579	Telephone Number:	(334)395-5973 Ext 14

Note to Provider of Services:

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 Attn: Claims Department
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 Brentwood, TN 37024-0967

The consulting physician should complete this section.
 The completed form will be sealed in the attached envelope and returned with an officer to the correctional facility.

Clinical Summary or Attached Report

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CONFIDENTIAL RECORD
 NOT TO BE PHOTOCOPIED

*** For security and safety, please do not inform patient of possible follow-up appointments. ***

Signature of Consulting Physician: _____ Date _____ Time _____

Reviewed and Signed By _____ Date _____ Time _____
 Medical Director:

Dr. Chung
 6936 Winston Blount
 Montgomery, AL
 360-2288
 12 at 10¹⁵

01/10/2007

PHS000072

Form must be complete and legible. You must Type or Print.
Please send this form with the Authorization Letter to the service provider at the time of the Appointment.

DEMOGRAPHICS

Site Name & Number:

BULLOCK 832

Site Phone #

(334) 738-5625

Site Fax #

(334) 738-8763

Patient Name: (Last, First)

Lindsay Stephan

Alias: (Last, First)

Initiate #

207044

SS Number

- - - - -

- - - - -

- - - - -

Date: (mm/dd/yy)

01.06.01.07

Date of Birth: (mm/dd/yy)

09.06.77

PHS Custody Date: (mm/dd/yy)

- - - - -

- - - - -

- - - - -

- - - - -

- - - - -

- - - - -

- - - - -

Responsible party:

 PHS Auto Inc. Health Ins (Excludes Medicare/Medicaid Managed Care alternative plans) Other, be specific (Excludes Medicare, Medicaid and Veterans Administration Services)

CLINICAL DATA

Requesting Provider: Physician NP, PA Dental

Facility Medical Director Signature and Date:

 Service needs criteria for "approval via protocol"

Place a check mark (✓) in the Service Type requested (one only) and complete additional applicable fields.

Office Visit (OV) X-ray (XR) Scheduled Admission (SA)
 Outpatient Surgery (OS) Dialysis (D/A)

 Routine Urgent

Estimated Date of Service (mm/dd/yy)

- - - - -

(This starts the approval window for the "open authorization period")

Multiple Visits/Treatments:

 Radiation therapy

Number of Visits/Treatments:

 Chemotherapy Other

Specialist referred to:

Dr. Chung

Type of Consultation, Treatment, Procedure or Surgery:

Dr. Chung

Diagnosis:

Fractured Ulna

ICD-9 code:

You must include copies of pertinent reports such as lab results, x-ray interpretations and specialty consult reports with this form.

 Pertinent Documents have been attached and faxed.

UM DETERMINATION:

 Offsite Service Recommended and Authorized Alternative Treatment Plan (explain here): More Information Requested: (See Attached) Resubmitted with requested information.Regional Medical Director Signature,
printed name and date required:

Date resubmitted:

- - - - -

- - - - -

- - - - -

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NOT TO BE PHOTOCOPIED

FBI/DOJ

Do not write below this line. For Case Manager and Corporate Data Entry ONLY.

Cert Type:

Med Class:

CPT code:

UR Auth #:



STATE OF ALABAMA INMATE HEALTHCARE AUTHORIZATION

Enrollment

Telephone (334) 833-5948
 Toll Free (866) 853-1384
 Fax (334) 240-1488

Blue Cross Blue Shield of Alabama
 (877) 231-7239

Prison Health Services
 Telephone (334) 395-5973
 Toll Free (877) 279-1335
 Fax (334) 395-8156

1/11/2007

Inmate Name	LINDSAY , STEPHON	Inmate #	00207044
Facility Name	BULLOCK CORRECTIONAL		
FACILITY			
Facility Address1	POB 5107		
Facility Address2			
City	UNION SPRINGS		
State	AL		
Zipcode	36089		

*** Attention Health Care Provider ***

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For charges not covered under SEIB - BC/BS Program:

For Payment, Please Submit Claims with Inmate number to:

Prison Health Services
 P.O.Box 967
 Brentwood TN 37024-0967

**FOR PROFESSIONAL USE ONLY
CONFIDENTIAL RECORD
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- Payment will not be processed until a clinical summary is received.

Facility Name:	Month/Year of Charting: 11/07																															
Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Percogesic 11 po t.i.d X 2 days	600																															
	1100																															
	1700																															
	Start Date: 11/20/07										Prescriber: Suddig																					
	Stop Date: 11/22/07										RX #:																					
Cephalexin 500mg t.i.d X 2 days	600																															
	1100																															
	1700																															
	Start Date: 11/20/07										Prescriber: Suddig																					
	Stop Date: 11/22/07										RX #:																					
Change dsg to ARM PRN	P																															
	R																															
	N																															
	Start Date: 11/20/07										Prescriber: Suddig																					
	Stop Date: 11/31/07										RX #:																					
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
	Start Date:										Prescriber:																					
	Stop Date:										RX #:																					
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
	Start Date:										Prescriber:																					
	Stop Date:										RX #:																					
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
	FOR PROFESSIONAL USE ONLY										CONFIDENTIAL RECORD																					
	NOT TO BE PHOTOCOPIED																															
	Start Date:										Prescriber:																					
	Stop Date:										RX #:																					
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	

11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29

FOR PROFESSIONALS ONLY

CONFIDENTIAL RECORD

NOT TO BE PHOTOCOPIED

Diagnosis	Nurse's Signature	Initial	Nurse's Signature	Initial	Documentation Codes
	<i>Mahrtsag</i>	<i>SN</i>	<i>Dorothy W/N</i>	<i>PF</i>	1. Discontinued Order 2. Refused 3. Patient out of facility 4. Charted in Error 5. Lock Down 6. Self Administered 7. Medication out of Stock 8. Medication Held 9. No Show 10. Other PHS000077
Allergies <i>NIC A</i>			<i>J. Hines, RN</i>	<i>SH</i>	
Housing Unit:					
Patient ID Number: <i>207049</i>					
Patient Name:	<i>Endsley Stephen</i>		Date of Birth:		



INFIRMARY NURSING PROGRESS NOTES

~~FOR PROFESSIONAL USE ONLY~~
~~CONFIDENTIAL RECORD~~
~~NOT TO BE PHOTO COPIED~~

INMATE NAME (LAST, FIRST, MIDDLE)	DOC#	DOB	R/S	FAC.
Lindsey, Stephan	207044	9-06-77	Blm	VCF



**DEPARTMENT OF CORRECTIONS
TRANSFER & RECEIVING SCREENING FORM**

RECEIVED: Inmate/Health Record

Institution: VentressDate: 4-05-07 Time: 1755 AM/PM

RECEIVED FROM:

Institution/Work Release Center/Free-World Hospital

RELEASED: Inmate/Health Record

Institution: Bullock

Date: _____ Time: _____ AM/PM

RELEASE FROM:

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Infirmary | <input type="checkbox"/> Segregation |
| <input type="checkbox"/> Population | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Other _____ | |

RECEIVING MEDICAL STATUS

- | |
|--|
| <input checked="" type="checkbox"/> Population |
| <input type="checkbox"/> Infirmary |
| <input type="checkbox"/> Isolation |

RELEASE TO:

- | | | |
|--------------------------------|------------------------------------|--|
| <input type="checkbox"/> DOC | <input type="checkbox"/> Infirmary | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> _____ | | |

Institution/Work Release Center/Free-World Hospital

ALLERGIES:

NKA

PHYSICAL EXAMINATION

Date of last exam: 02-05-06

Chest X-Ray Date: _____ Result: _____

PPD Reading 02-07-06 Neg tnm

Classification: _____

Limitations: _____

LAB RESULTS -- LAST REPORT

Date

Normal

Abnormal

YES

NO

CBC

Urinalysis

Wears Glasses/Contacts Dental Prosthesis Hearing Aide Other Prosthesis Plate L armB. Leile RN

Receiving Nurse

CURRENT OR CHRONIC MEDICAL/DENTAL/MENTAL HEALTH PROBLEMS OR COMPLAINTS

CURRENT MEDICATION -- DOSAGE AND FREQUENCY

MEDICATIONS

 Sent w/ inmate Not sent w/ inmate

X-RAY FILM

 Sent w/ inmate Not sent w/ inmate

HEALTH RECORD

 Sent w/ inmate Not sent w/ inmate

Released to: _____

Date: _____ Time: _____ AM/PM

MEDICATIONS

 Received Not Received

X-RAY FILM

 Received Not Received

HEALTH RECORD

 Received Not Received

CHART REVIEWED

 YES NOReceived by: B. Leile RN

Signature of Receiving Nurse

Date: 4-05-07 Time: 1755 AM/PM

SCHEDULE FOR CHRONIC CARE CLINIC

DATE: _____ LAST CLINIC: _____

FOLLOW-UP CARE NEEDED

Date

Time

With Whom -- Location (Sending Nurse)

Date/Appt. Made w/Whom (Rec. Nurse)

 Medical Dental Mental HealthNURSING ASSESSMENT (SENDING NURSE)
(Noted from health record documentation)

	Yes	No
HISTORY		
Drug Use		
Mental Illness		
Suicide Attempt		
Chronic Care		
STATUS		
Special Diet		
Appearance		

OTHER PERTINENT NURSING ASSESSMENT

NURSING ASSESSMENT (RECEIVING NURSE)
(Noted from inmate assessment)

	Yes	No
SKIN		
Open Sores		<input checked="" type="checkbox"/>
Lice		<input checked="" type="checkbox"/>
Edema	<input checked="" type="checkbox"/>	
Warm & Dry	<input checked="" type="checkbox"/>	
Cool & Moist		<input checked="" type="checkbox"/>
CONDITION		
Alert	<input checked="" type="checkbox"/>	
Oriented	<input checked="" type="checkbox"/>	
Uncooperative		<input checked="" type="checkbox"/>
Depressed		<input checked="" type="checkbox"/>

INTAKE Edema LLE @ X'sSick Call Procedures Explained

yes

Height 6'1"6'1"Weight 160#160#Blood Pressure 140/90140/90Temperature 80.980.9Pulse Resp. 80/2080/20Other ✓ strength (L) arm

Signature of Nurse Completing Assessment (Sending Nurse)

Date

Signature of Intake Screening Nurse (Receiving Nurse)

Date 4-05-07

INMATE NAME (LAST, FIRST, MIDDLE)

Sindsey, Stephan

DOC#

DOB

Race/Sex

FAC.

207044 9-16-77 B/mBullock



Facility: Alabama Department of Corrections

Patient Name: LindsayStephonInmate Number: 207044First Date of Birth: 9/9/77Date of Report: 4/2/07Time Seen: 0500 AM Circle One

MM DD YYYY

Subjective: Chief Complaint(s): Runny/Stuffy Nose Sneezing Sore Throat Swollen Glands Headache Fever
 (Check All That Apply)
 Malaise Earache Cough: No Yes: Non-productive Productive: (sputum description): Yellowish-red
 Other: _____

Onset: X 2 weeksHistory: None relevant

(Continue on back if necessary)

History of Asthma: No YesCardiac/CHF history: No YesHistory of HIV Disease: No Yes Check Here if additional notes on back.Objective: Vital Signs: (If Indicated) T: 98° P: 82 RR: 20 B/P: 130/80 wt 158Eyes: Clear Watery Injected (red) Drainage: No Yes: _____

Lung sounds:

Nose: Congestion: No Yes Drainage: No Yes: _____

Right

Left

Clear

Throat examination: Normal Red Enlarged tonsils Edematous

Diminished

Neck: Normal Enlarged Lymph Nodes

Crackles

Rhonchi

Wheezing

 Additional Examination: _____
 Continue on back if necessary)FOR PROFESSIONAL USE ONLY
CONFIDENTIAL RECORD

NOT TO BE PHOTOCOPIED

 Check Here if continued on back.Assessment: (Referral Status)Preliminary Determination(s): Cold symptoms Check Here if continued on back. Referral NOT Required Referral Required referral due to the following: (Check all that apply) Recurrent Complaint (More than 2 visits) Abnormal Vital Signs Inability to swallow Significant shortness of breath Other: _____ Abnormal Lung exam Significant Wheezing which does not improve with inhaler

Comment: You should contact a physician and/or a nursing supervisor if you have any concerns about the status of the patient or are unsure of the appropriate care to be given.

Plan: Check All That Apply: Advise rest and oral fluid intake Warm saline gargles PRN If no referral is made, advise to return in 3 - 5 days if symptoms have not resolved Education: The patient demonstrates an understanding of the nature of their medical condition and instructions regarding what they should do as well as appropriate follow-up. YES NO (If NO then schedule patient for appropriate follow-up visits) Other: _____

(Describe)

 OTC Medications given (CTM 4 mg, Tylenol 650 mg Bid po pm x 2 days) NO YES (If Yes List): _____Referral: NO YES (If Yes, Whom/Where): Dr. Siddy Date for referral: 4/12/07

MM DD YYYY

Referral Type: Routine Urgent Emergent (if emergent who was contacted?): _____ Time _____Martha Jackson

Nurses Signature

Martha Jackson LPN

Printed



PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST

Print Name: Stephon Lindsay Date of Request: 4-2-07
 ID # 207044 Date of Birth: 9-6-77 Location: E2-27A
 Nature of problem or request: I have a cold / I ask for cold
medicine treatment to help me get over it

[Signature]

DO NOT WRITE BELOW THIS LINE

Date: 4/2/07
 Time: 2:00 AM PM
 Allergies: _____

RECEIVED	
Date:	<u>4/2/07</u>
Time:	<u>2:00</u>
Receiving Nurse Initials	
<u>GJ</u>	

(S)ubjective:

(O)bjective (V/S): T: P: R: BP: WT:

(A)sessment:

(P)lan:

FOR PROFESSIONAL USE ONLY
CONFIDENTIAL RECORD
NOT TO BE PHOTOCOPIED

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
 CIRCLE ONE

Check One: ROUTINE EMERGENCY

If Emergency was PHS supervisor notified: Yes No
 Was MD/PA on call notified: Yes No

SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



**PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST**

Print Name: Stephon Lindsay Date of Request: 4-2-07
 ID # 207044 Date of Birth: 9-6-77 Location: E2-27A
 Nature of problem or request: I ask to have my teeth checked
and cleaned please?

Thank You.
Stephon Lindsay
 Signature

DO NOT WRITE BELOW THIS LINE

Date: 4/1/07

Time: _____ AM PM

Allergies: _____

RECEIVED

Date: 4/10/07

Time: 2:00

Receiving Nurse Initials Cf

(S)ubjective:

(O)bjective

(V/S): T: NO

P: 2

R: 130

BP: _____

WT: _____

(A)ssessment:

(P)lan:

**FOR PROFESSIONAL USE ONLY
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NOT TO BE PHOTOCOPIED**

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
 CIRCLE ONE

Check One: ROUTINE EMERGENCY

If Emergency was PHS supervisor notified: Yes No

Was MD/PA on call notified: Yes No

SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST

Print Name: Steven Lindsay Date of Request: 3-9-07

ID # _____ Date of Birth: 9-6-77 Location: _____

Nature of problem or request: I have a cold and I want to go home
no more time at self section for sleep, no just off
no more time at self section for sleep, no just off

Steven Lindsay
Signature

DO NOT WRITE BELOW THIS LINE

Date: 3/9/07

Time: 2:50 AM PM

Allergies: _____

RECEIVED
 Date: 03-09-07
 Time: 2:50
 Receiving Nurse Initials CJ

(S)ubjective:

We'll see on 3/9/07 before

(O)bjective (V/S): T: _____ P: _____ R: _____ BP: _____ WT: _____

(A)sessment:

FOR PROFESSIONAL USE ONLY
CONFIDENTIAL RECORD
NOT TO BE PHOTOCOPIED

(P)lan:

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
 CIRCLE ONE:

Check One: ROUTINE () EMERGENCY ()

If Emergency was PHS supervisor notified: Yes () No ()

Was MD/PA on call notified: Yes () No ()

SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST

Print Name: Stephens Lindsey Date of Request: 3-8-07

ID # 271087 Date of Birth: 9-6-77 Location: East Block

Nature of problem or request: I have a real bad cold and I ask to be prescribed some type of cold medicine if available.

Stephens Lindsey
Signature

DO NOT WRITE BELOW THIS LINE

Date: 3/8/07

Time: AM PM

Allergies: _____

RECEIVED	
Date:	03/08/07
Time:	2:30
Receiving Nurse Initials	
<u>Cf</u>	

(S)ubjective:

(O)bjective (V/S): T: _____ P: _____ R: _____ BP: _____ WT: _____

(A)ssessment:

**FOR PROFESSIONAL USE ONLY
CONFIDENTIAL RECORD
NOT TO BE PHOTOCOPIED**

(P)lan:

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
CIRCLE ONE

Check One: ROUTINE EMERGENCY

If Emergency was PHS supervisor notified: Yes No

Was MD/PA on call notified: Yes No

SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



**PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST**

Print Name: Stephanie Johnson Date of Request: 7-2-07

ID # _____ Date of Birth: 9-6-77 Location: Seg Bk 11

Nature of problem or request: I've caught a cold and I took to be
around 1 month cold and fever. The fever just went down.

Thank You

Sgt. [Signature]

Signature

DO NOT WRITE BELOW THIS LINE

Date: ____/____/____

Time: _____ AM PM

Allergies: _____

RECEIVED

Date: _____

Time: _____

Receiving Nurse Initials _____

(S)ubjective:

(O)bjective (V/S): T: _____ P: _____ R: _____ BP: _____ WT: _____

(A)ssessment:

**FOR PROFESSIONAL USE ONLY
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NOT TO BE PHOTO COPIED**

(P)lan:

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
 CIRCLE ONE

Check One: ROUTINE () EMERGENCY ()

If Emergency was PHS supervisor notified: Yes () No ()

Was MD/PA on call notified: Yes () No ()

SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST

Print Name: Stacy Link Date of Request: 2-27-07
 ID # 1207044 Date of Birth: 9-6-77 Location: Sea Cell

Nature of problem or request: I have a slight cold and it's hurting
my nose and throat.

[Signature]
 Signature

DO NOT WRITE BELOW THIS LINE

Date: / /
 Time: AM PM
 Allergies:

RECEIVED

Date:
 Time:
 Receiving Nurse Initials

(S)ubjective:

(O)bjective (V/S): T: _____ P: _____ R: _____ BP: _____ WT: _____

(A)sessment:

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(P)lan:

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
 CIRCLE ONE

Check One: ROUTINE () EMERGENCY ()

If Emergency was PHS supervisor notified: Yes () No ()

Was MD/PA on call notified: Yes () No ()

SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



EMERGENCY

ADMISSION DATE 01/08/07	TIME 4 PM	ORIGINATING FACILITY BCCF	<input type="checkbox"/> SICK CALL <input type="checkbox"/> EMERGENCY <input checked="" type="checkbox"/> OUTPATIENT
----------------------------	--------------	------------------------------	---

ALLERGIES NKA

VITAL SIGNS: TEMP → ORAL
RECTAL RESP. 32 PULSE 76 B/P 130/88 RECHECK IF
SYSTOLIC <100> 50 NA

NATURE OF INJURY OR ILLNESS
S. Body Chard for DOC

O-BLK male, ex Conted to
Hc w/ Hand Cuffed behind
his back - Accomp by several
Officers - Eyes male Alert &
Oriented X3. Resp regular
Color adeq - Skin Warm & dry
Small abrasions noted back
elbows and lower leg on
Skin bone Substained (3)
Medium Size opened Area

PHYSICAL EXAMINATION

exam. Checked & examined
by Dr Siddiq - Eyes reddened due
to uses of Pepper Spray.
No alteration in comfort to
bodies injuries.

P-Eyes flushed & Sterile
- Solution -
- Area Cleanse Hgys + 10's
Followed w/ TSOA drug
- Abx 500mg Po Tid x 10 days
- X-Ray of L Lower arm & L Lower leg.

DIAGNOSIS

INSTRUCTIONS TO PATIENT

DISCHARGE DATE

01/8/07

TIME
4:30 AM
PM

RELEASE / TRANSFERRED TO

DOC

AMBULANCE

□

CONDITION ON DISCHARGE

 SATISFACTORY FAIL POOR CRITICAL

NURSE'S SIGNATURE

(Bobbin)

DATE

1/8/07

PHYSICIAN'S SIGNATURE

1917

DATE

CONSULTATION

INMATE NAME (LAST, FIRST, MIDDLE)

Lundsay Stephon

DOC#

207044

DOB

9/6/71

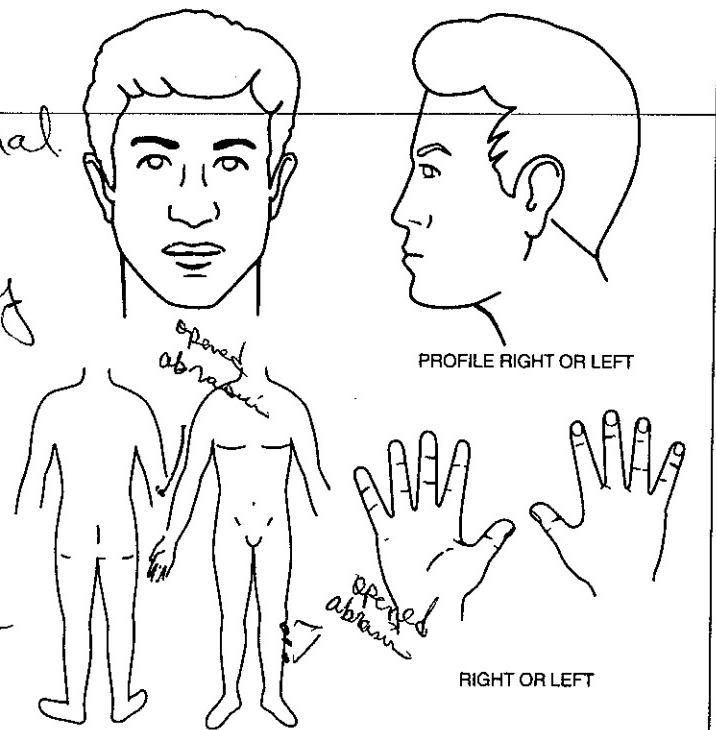
R/S

B/m

FAC.

Bccf

ABRASION //	CONTUSION #	BURN XX XX	FRACTURE Z Z	LACERATION / SUTURES
-------------	-------------	---------------	-----------------	-------------------------



PROFILE RIGHT OR LEFT

RIGHT OR LEFT

ORDERS / MEDICATIONS / IV FLUIDS	TIME	BY
FOR PROFESSIONAL USE ONLY CONFIDENTIAL RECORD NOT TO BE PHOTOCOPIED		

PHS000087



**DEPARTMENT OF CORRECTIONS
TRANSFER & RECEIVING SCREENING FORM**

RECEIVED: Inmate/Health Record

Institution: BullockDate: 8/10/06 Time: 1900 AM/PM

RECEIVED FROM:

Institution/Work Release Center/Free-World Hospital

RECEIVING MEDICAL STATUS

- Population
 Infirmary
 Isolation

RELEASED: Inmate/Health Record

Institution: HolmanDate: 7/27/06 Time: _____ AM/PM

RELEASE FROM:

- Infirmary Segregation
 Population Mental Health
 Other _____

RELEASE TO:

- DOC Infirmary Mental Health

Institution/Work Release Center/Free-World Hospital

ALLERGIES:

PHYSICAL EXAMINATION

Date of last exam: _____

Chest X-Ray Date: _____ Result: _____

PPD Reading: _____

Classification: _____

Limitations: _____

LAB RESULTS -- LAST REPORT

	Date	Normal	Abnormal	Wears Glasses/Contacts	YES	NO
CBC	<u>JONE</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Urinalysis	<u>JONE</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

CURRENT OR CHRONIC MEDICAL/DENTAL/MENTAL HEALTH PROBLEMS OR COMPLAINTS

NONE

CURRENT MEDICATION -- DOSAGE AND FREQUENCY

NONE**CONFIDENTIAL RECORD
NOT TO BE PHOTOCOPIED**

SCHEDULE FOR CHRONIC CARE CLINIC

DATE: None CLINIC: _____

- MEDICATIONS Sent w / inmate Not sent w / inmate
X-RAY FILM Sent w / inmate Not sent w / inmate
HEALTH RECORD Sent w / inmate Not sent w / inmate

Released to: _____

Date: _____ Time: _____ AM/PM

- MEDICATIONS Received Not Received
X-RAY FILM Received Not Received
HEALTH RECORD Received Not Received
CHART REVIEWED YES NO

Received by: _____

Signature of Receiving Nurse

Date: 8/10/06 Time: 1900 AM/PM

FOLLOW-UP CARE NEEDED

- Medical Dental
 Mental Health

Date

Time

With Whom - - Location (Sending Nurse)

Date/Appt. Made w/Whom (Rec. Nurse)

NONENURSING ASSESSMENT (SENDING NURSE)
(Noted from health record documentation)

	Yes	No
Drug Use		<input checked="" type="checkbox"/>
Mental Illness		<input checked="" type="checkbox"/>
Suicide Attempt		<input checked="" type="checkbox"/>
Chronic Care		<input checked="" type="checkbox"/>

	Yes	No
Special Diet		<input checked="" type="checkbox"/>
Appearance	<u>line</u>	

OTHER PERTINENT NURSING ASSESSMENT

NURSING ASSESSMENT (RECEIVING NURSE)
(Noted from inmate assessment)

	Yes	No
Open Sores		<input checked="" type="checkbox"/>
Lice		<input checked="" type="checkbox"/>
Edema		
Warm & Dry	<input checked="" type="checkbox"/>	
Cool & Moist		<input checked="" type="checkbox"/>

	Yes	No
Alert		<input checked="" type="checkbox"/>
Oriented		
Uncooperative		<input checked="" type="checkbox"/>
Depressed		

INTAKE

Sick Call Procedures Explained

yes

Height

Weight

Blood Pressure

Temperature

Pulse Resp.

Other

INMATE NAME (LAST, FIRST, MIDDLE)

Lindsay, Stephen

Date

Signature of Intake Screening Nurse (Receiving Nurse)

8/10/06

Date



PROGRESS NOTES

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NOT TO BE PHOTO COPIED~~



Lindsay, Steven

PROGRESS NOTES

~~FOR PROFESSIONAL USE ONLY~~
CONFIDENTIAL RECORD
NOT TO BE PHOTOCOPIED

**PHYSICIANS' ORDERS**

NAME:		DIAGNOSIS (If Chg'd)	
D.O.B. / /		FOR PROFESSIONAL USE ONLY CONFIDENTIAL RECORD NOT TO BE RECORDED	
ALLERGIES:		<input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED	
Use Last	Date	/ /	
NAME:		DIAGNOSIS (If Chg'd)	
D.O.B. / /			
ALLERGIES:			
Use Fourth	Date	/ /	<input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED
NAME:		DIAGNOSIS (If Chg'd)	
D.O.B. / /			
ALLERGIES:			
Use Third	Date	/ /	<input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED
NAME: Lindsay, Stephon #267084		DIAGNOSIS (If Chg'd) <i>Anoril 500 mg po qd x 20 days</i>	
D.O.B. / /			
ALLERGIES: <i>3/912 AODB BOMA</i>		<i>etra 1/20/2007</i>	
Use Second	Date	/ /	<input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED
NAME: Lindsay, Stephon 267084		DIAGNOSIS 1) Elevate ARM 2) Percogesic 500 mg po x 2 days tid 3) Cephalexin 500mg tid x 2 days 4) Bottom Bunk Bed 5) Change dressing PRN per T.O. Dr. Siddiqui Silkert SRN	
D.O.B. / /			
ALLERGIES: <i>1/21/02 HHA</i>			
Use First	Date	/ /	<input checked="" type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED

MEDICAL RECORDS COPY

**PHYSICIANS' ORDERS)**

NAME:

DIAGNOSIS (If Chg'd)

D.O.B. / /

ALLERGIES:

Use Last Date / /

 GENERIC SUBSTITUTION IS NOT PERMITTED

NAME:

DIAGNOSIS (If Chg'd)

D.O.B. / /

ALLERGIES:

Use Fourth Date / /

 GENERIC SUBSTITUTION IS NOT PERMITTED

NAME:

DIAGNOSIS (If Chg'd)

D.O.B. / /

ALLERGIES:

Use Third Date /

 GENERIC SUBSTITUTION IS NOT PERMITTED

NAME:

DIAGNOSIS (If Chg'd)

D.O.B. / /

ALLERGIES:

Use Second Date / /

 GENERIC SUBSTITUTION IS NOT PERMITTED

NAME:

DIAGNOSIS

D.O.B. / /

ALLERGIES:

 GENERIC SUBSTITUTION IS NOT PERMITTED

NaphCare, Inc.

Health Services Request Form

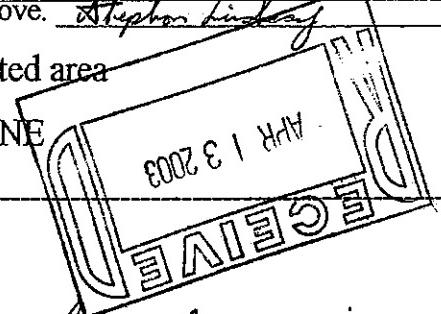
Inmate Name Stephon LindsayDate of Request 4-12-2003AIS No. 207044Date of Birth 9-6-77Housing Loc. 10 B Seg.

Nature of problem or request I have a swollen area on the right side of my face. It started out as a small bump; but after I busted it, it quickly swelled up and now the area on my face where [REDACTED] is [REDACTED] is [REDACTED]. [REDACTED] is the swelling is located is aching and by way of this form I ask to have the swollen of my face examined/tested if possible.

Sign here for consent to be treated by health staff for the condition described above. Stephon Lindsay

Place this slip in Medical Box or designated area

DO NOT WRITE BELOW THIS LINE



Health Care Documentation

Subjective: "I a raise bumpy on my face and my face is swollen"

Objective: BP 110/80 P 74 R 20 T 98.8 WT 164

Obj stat 97 area on right side of face raised & dark scab on it no drainage

Assessment: Skin integrity alt

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NOT TO BE PHOTO COPIED

Plan: See Dr. Daboye

4-23-03

Refer to: PA/Physician

Mental Health

Education:

Boil educational jin

Protocol used: (specify)

Signature A. M. ant. Title cn Time 1845 Date 4-13-03

NapRae, Inc.

Health Services Request Form

Inmate Name Stephon Lindsay Date of Request 3-23-2003AIS No. 207044 Date of Birth 9-6-77 Housing Loc. 10 B SegNature of problem or request I have a risen on the back of my neck
and by way of this request I ask to have it examined?Sign here for consent to be treated by health staff for the condition described above. Stephon Lindsay

Place this slip in Medical Box or designated area

DO NOT WRITE BELOW THIS LINE

Health Care Documentation

Subjective: "I got a risen on the back of my neck"Objective: BP 120/78 P 78 R 20 T 97.8 WT 166
unable to see a raised raised area on back of neck, no drainage noted, % area itchyAssessment: skin integrity altPlan: See MSCoag
3-31-03FOR PROFESSIONAL USE ONLY
CONFIDENTIAL RECORD
NOT TO BE PHOTO COPIEDRefer to: PA/ Physician Cooler, CEP 3/26/03 Mental Health

Dental

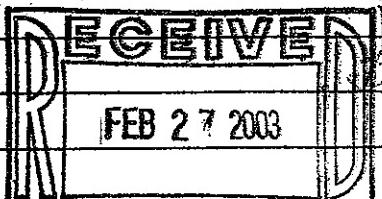
Education: Bail protocol given and explained
Inmate stated he understood

Protocol used: (specify)

Signature AMark Title Ym Time 1930 Date 3-24-03

Inmate Name STEPHON LINDSAY Date of Request 2-27-03AIS No. 207044Date of Birth 9-6-77Housing Loc. 8A - 37T

Nature of problem or request On the back of my right thigh there is an area that is somewhat swollen and I would like to ask that this area of my thigh be examined.



Sign here for consent to be treated by health staff for the condition described above. Stephon Lindsay

Place this slip in Medical Box or designated area

DO NOT WRITE BELOW THIS LINE

Health Care Documentation

Subjective: "I have a swollen thigh."

Objective: BP 120/80 P 82 R 18 T 98.4 WT 169

(R) upper outer thigh back side has a nickel size round no nodule. No redness or swelling noted to thigh. Denies pain or tender less. Denies injury.

Assessment: Att in comfort.

Plan: To see March 7

**FOR PROFESSIONAL USE ONLY
CONFIDENTIAL RECORD
NOT TO BE PHOTOCOPIED**

Refer to: PA/ Physician 2/28/07 Mental Health

Dental

Education: To keep MD appt.

Protocol used: (specify)

Signature D. Seal

Title P)

Time 7:02 Date 2-27-03

Print Name: Stephon Lindsay Date of Request: ? Today!ID#: 207044 Date of Birth: 9-6-77 Housing Location: 13U7Nature of problem or request: At times, when I move, the left side of my body ~~hurts~~ ^{cage} takes ~~hurts~~ in the area between my hip / rib cage.And so I ask that I be examined concerning my sick call request.

Sign here for consent to be treated by health staff for the condition described

RECEIVED JUN 0 0**FOR PROFESSIONAL USE ONLY
CONFIDENTIAL RECORD
DO NOT WRITE BELOW THIS AREA****PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA TO BE PHOTOCOPIED**NKA

HEALTH CARE DOCUMENTATION

Subjective: "my side hurts between my hip & my ribcage". Hurts about 4 days now. No new exercise. Haven't hurt myself. Hurts if I move certain way like reaching down (to put on shoes). Ouching type pain sometimes all time. Occasionally, I don't have any money.

Objective: BP 100/70 P 67 R 30 T 11.4 w/155#

- alert & oriented x 3. Skin warm & dry to touch.
- abdomen soft, not tender, nor distended. No flank pain when moves certain way. Lungs clear bilaterally. Ambulate c

Assessment: steady gait. alteration in comfort

Plan:

Refer medical chart to Dr. Millard McWhorterDr. Millard McWhorter
Holman Health UnitRefer to: PA/Physician Mental Health DentalSignature: J. WilliamTitle: (S)Date: 4/16/01 Time: 0102

CORRECTIONAL MEDICAL SERVICES
HEALTH SERVICES REQUEST FORM

Print Name: Stephon Lindsay Date of Request: 4-17-2000

ID #: 207044 Date of Birth: 9-6-77 Housing Location: C-13

Nature of problem or request: I have a slightly ~~red~~ ^{scored} arch on the sole of my left foot that was correctly treated as callus at St. Clairs Correctional Facility.

I was restrained here at Kilby Correctional Facility before my last treatment, which was medicated callus pads, and the problem appears to be recurring, and I hereby ask 2 have it examined?

I consent to be treated by health staff for the condition described.

Stephon Lindsay
SIGNATURE

PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA
DO NOT WRITE BELOW THIS AREA

HEALTH CARE DOCUMENTATION

Subjective: I have a hard callus ↓ the bottom of my foot.

Objective: BP 140/90 P 80 R 20 T 97.9

A+O B3. Resp. regular & ease. Skin warm + dry to touch. Has small callus under lt. foot

Assessment: Alt. in comfort R/T callus under lt. foot

Plan: Apply callus removal pad to callus

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CONFIDENTIAL RECORD
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Refer to: PA/Physician Mental Health Dental

Signature: R. Burkett

Title: LPN Date: 4/18/04 Time: 1100

**CORRECTIONAL MEDICAL SERVICES
HEALTH SERVICES REQUEST FORM**

Print Name: STEPHON LINDAY Date of Request: 11-28-2000

ID #: 207044 Date of Birth: 9-6-77 Housing Location: C-15 Room - ²¹⁵ ~~215~~

Nature of problem or request: I HAVE A RASH OR SOMETHING ON THE
SKIN AT MY ~~MY~~ LEFT FOOT, AND SLOWLY SPREADING, IT'S
APPEARS TO BE SOMEWHAT INFECTED, AND I ASK THAT A
DOCTOR OF SOME NATURE HAVE A LOOK AT IT FOR ME.

I consent to be treated by health staff for the condition described.

Stephon Linday

SIGNATURE

SS AON

**PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA
DO NOT WRITE BELOW THIS AREA**

HEALTH CARE DOCUMENTATION**

Subjective: Sore on bottom of L foot since Sept 11, 2000

Objective: BP 118/76 P 72 R 20 T 98/°

lesion noted bottom L foot. Slight edema noted
& drainage noted

Assessment: Alteration in skin integrity

Plan: Chart to M.D. FOR PROFESSIONAL USE ONLY
CONFIDENTIAL RECORD
NOT TO BE PHOTOCOPIED

12-1-00
1115
aff

Refer to: PA/Physician Mental Health Dental

Signature: M. Bullock Title: LPN Date: 11/28/00 Time: 00:25

INTRASYSTEM TRANSFER FORM

HEALTH STATUS

Transferring

Facility:

Kilby

Date: 12/14/99

Time: 5:30 AM (PM)

Allergies: NKDA

Current Acute Conditions/Problems: Ø

Chronic Conditions/ Problems: Ø

Name: Lindsey Stegler
 Number: 20704W Race: B W H Other
 Age: Date of Birth: 9/6/92 Sex: M F

Food Handler Approved: Y / N

Current Medications - Name, Dosage, Frequency, Duration:

Acute Short-term Medications: Ø

Chronic Long-term Medications: Ø

Chronic Psychotropic Medications: Ø

Current Treatments: Ø

Follow-up Care Needed: Ø

~~FOR PROFESSIONAL USE ONLY~~
CONFIDENTIAL RECORD

~~NOT TO BE PHOTOCOPIED~~

Last PPD: 11/16/99 Results Ø mms

Last Physical: 11/16/99

Chronic Clinics: Ø

Specialty Referrals: Ø

Significant Medical History: Ø

Physical Disabilities/Limitations: Ø

Assistive Devices/Prosthetics: Ø

Glasses: Ø

Contacts: Ø

Mental Health History/Concerns:

Substance Abuse: Y / N Alcohol: Ø / N

Drugs: Ø / N

NO Hx Suicide Attempt: Date: ___/___/___

Hx Psychotropic Medication

Previous Psychiatric Hospitalizations

R. BURKE, LPN

Signature and Title

Date: 12/14/99

TRANSFER RECEPTION SCREENING

Date: 12/15/99 Time: 1810 AM (PM)

S: Current Complaint: Ø

Receiving Facility: SCCR

Card Made

P: Disposition: (Instructions: Check or circle as appropriate)

- Routine, Sick Call
- Instructions Given
- Emergency Referral
- HIV/TB Instruction Given
- Physician Referral:
- Urgent / Routine
- Medication Evaluation
- Work/Program Limitation
- Special Housing
- Specialty Referrals
- Chronic Clinics
- Mental Health
- OTHER
- Infirmary Placement

O: Physical Appearance/Behavior:
Not seen by nurse (Ø)
this time.

Deformities: Acute/Chronic:

T ___ P ___ R ___ B/P ___ / ___

A: _____

Other: _____

Signature and Title